PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093690

1. Corporation Name

RITA J. SCHNEIDER, P.A.

Principal Place of Business

Mailing Address

May 07, 1999 8:00 am Secretary of State

05-07-1999 90012 047 ***150.00



9955 WESTVIEW DRIVE. #211 CORAL SPRINGS FL 33076		9955 WESTVIEW DRIVE. #211 CORAL SPRINGS FL 33076			}	DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qua 11/04/1998 	lifed		
2. Principal Place of But	2a. Mailin	2a. Mailing Address			4. FEI Number			lied For	
21	26				65-08744		Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆	\$8.75 Additional Fee Required		
City-& State			State			Election Campaign Finan Trust Fund Contribution	cing	\$5.00 i	•
Zip 24	Country 25	Zip 29	34	Country 0		This corporation owes the Personal Property Tax.	current year li		□No
	ne and Address of Curre	nt Registered A	Agent		/}_	10. Name and Address of N	ew Registered	Agent	
SCHULER, BF	RADLEY W SITY DR, STE 64				Street Address	7 T SCHUB s (P.O. Box Number is Not Ac	ceptable)	P.A.	
CORAL SPRIN	•			83	40 Y	9 WBSTVION = 122	12K_		
				1 1	CityCop	4 500,000	FI	85 Zip C	076
11. Pursuant to the provoffice or registered agent. I am familiar	risions of Sections 607.05 Igent, or both, in the State with, and accept the oblig	02 and 607.1508 of Florida. Suc ations of, Sectio	 Florida Statutes change was auth 607.0505, Florid 	, the above-na horized by the la Statutes.	amed corpora e corporation	ation submits this statement for s board of directors. I hereby	r the purpose of accept the appoint	र्म changing its । pintment as reç	registered jistered
SIGNATURE TU	たくしん	معرف المرا	l'<	egistered Agent sig			4/v	8/99	
1 7	ped or printed name of degistered age	ND DIRECTORS		13.	Justare reduied w	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	 RS IN 12
TITLE	JOFFICERS AI	ND DINECTOR	DELETE	13.		ADDITIONS/CHANGES TO	OTTIOLICO	Change	Addition
	5 T-5044	مر کر سے ا		1.2 NAME					
NAME TO A STATE OF THE STATE OF	MJ SCHA	51 84	2/12	1.3 STREET AD	naces				
1 10	249 51012	165 =1	33076	1	1				
CITY-ST-ZIP	The Speik	162/1	DELETE	1.4 CITY-ST-ZII 2.1 TITLE		<u></u>		Change	Addition
TITLE	•			1					_
NAME				2.2 NAME	DDECC				
STREET ADDRESS				2.3 STREET ADI					
CITY-ST-ZIP			DELETE	2.4 CITY-ST-ZI	JP			Change	Addition
TITLE			_ 50,000	3.2 NAME				_ ,	_
NAME				3.3 STREET AD	INDERS				
STREET ADDRESS				3.4. CITY-ST-Z					
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE				☐ Change	Addition
1				4.2 NAME				_ •	
NAME STREET ADDRESS				4.3 STREET AD	INRESS				
STREET ADDRESS				4.4 CITY-ST-ZI	1				
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE	<u>"</u>			☐ Change	☐ Addition
}				5.2 NAME					
NAME				5.3 STREET AD	DRESS				
STREET ADDRESS				5.4 CITY-ST-ZI					
CITY-ST-ZIP			DELETE	6.1 TITLE		·		Change	Addition
TITLE				6.2 NAME					
NAME	^			6.3 STREET AD	IDRESS				
STREET ADDRESS	/ \			1					
CITY-ST-ZIP	/ 1			6.4 CITY-ST-ZI	IF				

14... hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block:12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: