

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90109 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000094394

1. Corporation Name  
 5555 SO. UNIVERSITY DRIVE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 C/O DFS CONSULTING C/O DFS CONSULTING  
 108 ST. EDWARD PLACE 108 ST. EDWARD PLACE  
 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified  
 11/06/1998

2. Principal Place of Business 2a. Mailing Address  
 21 26

4. FEI Number Applied For  
 65-0873985 Not Applicable

Suite, Apt. #, etc. 27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State 28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country 29 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, DAVID F  
 C/O DFS CONSULTING  
 108 ST. EDWARD PLACE  
 PALM BEACH GARDENS FL 33418

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *David F. Schneider President* DATE 4-19-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1.2 NAME	DAVID F. SCHNEIDER	
STREET ADDRESS	1.3 STREET ADDRESS	5555 S. UNIVERSITY DRIVE	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	DAVIE, FL 33328	PRES
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	SHERYL A. SCHNEIDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2.2 NAME	5555 S. UNIVERSITY DRIVE	
STREET ADDRESS	2.3 STREET ADDRESS	DAVIE, FL. 33328	V.P.
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

14. I 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 or supplemental 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: *David F. Schneider President* DATE 4-19-99 954-680-7870

CR2E034 (11/98)