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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S07951

(4)

SCHULTZ/ANGELO GROUP, INC.

Principal Place of Business	nal I Be
SUITE 3A JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 10/23/1990 (5/01/1996) 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 59-3034250 Not Applied 59-3034250 Not Applied 21 Suite, Apt #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Require 22 City & State City & State 6. Election Campaign Financing 749 Country 740 Country 740 For Country 740	icable nal I Be s
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-3800 3. Date Incorporated or Qualified 10/23/1990 3. Date of Last Report 10/23/1990 4. FEI Number Applied 59-3034250 Not Applied 59-3034250 Not Applied 59-3034250 Not Applied 59-3034250 Suite, Apt #, etc. 5. Certificate of Status Desired Fee Require City & State City & State City & State 8. Election Campaign Financing Added to Fee Require 7 Trust Fund Contribution Added to Fee Require 8. This corporation has liability for intangible tax under s. 199. Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HIEB, E. ALLEN, JR. 1300 GULF LIFE DR. SUITE 800 JACKSONVILLE FL 32207 83 City FL 85 Zip Code 11. Pursuant to the previsions of Sections 697.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered.	nal I Be
3. Date Incorporated or Qualified 10/23/1990 34. Date of Last Report 10/23/1990 05/01/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 59-3034250 Not App	icable nal I Be s
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Suite, Apt #, etc. 3. Certificate of Status Desired	icable nal I Be s
Suite, Apt # etc Suite, Apt #, etc. Suite, Apt #, etc. Scale Status Desired Statu	nal I 3e s
5. Certificate of Status Desired Fee Require City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Signature Zip Country Zip Country Zip Zip Country Zip Zip Zip Country Zip	d Be s
28 Trust Fund Contribution Added to Fee Zip Country Zip Country Afficiency Added to Fee Zip Country R. This corporation has liability for intangible tax under s. 199. 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent HIEB, E. ALLEN, JR. 1300 GULF LIFE DR. SUITE 800 JACKSONVILLE FL 32207 81 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 regi	s
Zip Country Zip Country Zip Country Strict Country	<u> </u>
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent HIEB, E. ALLEN, JR. 1300 GULF LIFE DR. SUITE 800 JACKSONVILLE FL 32207 81	132,
g. Name and Address of Current Registered Agent HIEB, E. ALLEN, JR. 1300 GULF LIFE DR. SUITE 800 JACKSONVILLE FL 32207 81 City FL B5 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 regi	
1300 GULF LIFE OR. SUITE 800 JACKSONVILLE FL 32207 83 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 regi	
1300 GULF LIFÉ DR. SUITE 800 JACKSONVILLE FL 32207 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 regi	
SUITE 800 JACKSONVILLE FL 32207 83 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 regi	
JACKSONVILLE FL 32207 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 regi	
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 reg	
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 reg	
11. Pursuant to the provisions of Sections 637,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regi	
office or registered agent, or both, in the State of Horida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regis	stered ered
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE	
5 gradure, type and protect nature of eigen and their lappinization. (NOTE: Registered Agent's gnature required when reinstating) 12. OF FIGERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
	Addition
NAME SCHULTZ, JOHN R. 1.2 NAME	
STREET ADDRESS 118 W. ADAMS ST., STE 3A 1.3 STREET ADDRESS	
GITY-ST-ZIP JACKSONVILLE FL 1.4 CITY-ST-ZIP	
TITLE D DELETE 2.1 TITLE Change	Addition
NAME ANGELO, MARC C. 2.2 NAME	
STREET ADDRESS 118 W. ADAMS ST., STE 3A 2.3 STREET ADDRESS	
City-St-ZiP JACKSONVILLE FL 2 4 City-St-ZiP	
	Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CHY - SY - 7/P 34 CHY - ST - 7/P	Addition
NAME 4 2 NAME	
STHEFT ADDRESS 4.3 STREET ADDRESS	
C 1Y - ST - ZIP 44 CITY - ST - ZIP	
NAME 52 NAME	Add tion
STREET ADDRESS 5.3 STREET ADDRESS	Add-tion
CHY+ST-ZIP 54 CHY+ST-ZIP	Add tion
TITLE DELETE 61 TITLE Change	
NAME 62 NAME	Addition Addition
STATELI ADDRESS 63 STREET ADDR	
CITY-S1 7/P 64 CITY-ST-ZIP	
14. I do 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 of Larn 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 13 of changed, or on an attemptment an address.	