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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

S07951

(4)

DOCUMENT # S0795
1. Corporation Name
SCHULTZ/ANGELO GROUP, INC.



	- <u>+</u>					-{	
Principal Place of Business Mailing Address							
118 WEST ADAMS ST.		118 WEST ADAMS ST.					
SUITE SA JACKSONVILLE FL 32202		SUITE 3A JACKSONVILLE FL 32202			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
						10/23/1990	
2. Principal Pl	ace of Business	2s. Mailing Address				4, FEI Number	Applied For
21		26				59-3034250	Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27					Fee Required	
City & State	1	City & State				6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	Zip Country					Added to Fees
24	25	29 3	_	٠,		B. This corporation owes or has paid the cu Personal Property Tax due June 30.	Trent year intangible ☐ Yes ☐ No
24	Name and Address of Current		<u> </u>			10. Name and Address of New Registered	
HSF	B, E. ALLEN, JR.		8	1 Na	ทอ		
1300 GULF LIFE DR.				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 800			l°	Z) Sire	et Abbre	ess (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32207			8	3			
1174 F 37			84 City			85 Zip Code	
			ľ	4 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-estating) DATE DATE							
	Signature, typed or printed name of registered agent OFFICERS AND			gent sign	ature required	d when re-installing) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 12
TITLE	D DELETE		13.			ADDITIONS/CHANGES TO OFFICERS AIN	Change Addition
NAME	SCHULTZ, JOHN R.		12 NAM				
STREET ADDRESS	118 W. ADAMS ST., STE 3A			- Et addre	ss		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY	-ST-ZIP			
TITLE	D	☐ DELETE	2 1 11TLE				☐ Change ☐ Addition
NAME	ANGELO, MARC C.		2.2 NAM	E			
STREET ADDRESS	118 W. ADAMS ST., STE 3A		2.3 STRE	et addre	ss		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY	- ST - ZIP			
TITLE		DELETE	3.1 TITLE				Change Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	e1 addre	SS		
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE				Change Addition
NAME			4. 2 NAM				
STREET ADDRESS				et addre	ss		
CITY-ST-ZIP				4.4 CITY - ST - ZIP			Change Addition
TITLE		FT nercit	5.1 \$11LE				C Auguite C Maniton
NAME STOCET ADDRESS			5.2 NAMI	: Et addre			
STREET ADORESS					33		
CITY-\$T-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE				Change Addition
NAME		v	6.2 NAMI				
STREET ADDRESS				Et addre	22		
CITY-ST-ZIP			6.4 CITY				
0111-01-21			Pariont.	01 - 211			

14. Thereby 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.