


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

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S21481 (4)**  
 1. Corporation Name  
**SCHIMMEL & SCHIMMEL, L.C.S.W., P.A.**



Principal Place of Business 2077 59TH ST. SARASOTA FL 34243	Mailing Address 2077 59TH ST. SARASOTA FL 34243
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 86 Island Circle		28 PO Box 998		01/01/1991		65-0236505		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
23 Sarasota, FL		28 Sarasota FL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
24 Zip 34242		25 Country USA		29 Zip 34230		30 Country USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHIMMEL, HERBERT G. 2077 59TH ST. SARASOTA FL 34243				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				86 Island Circle			
				83			
				84 City			
				Sarasota FL			
				85 Zip Code			
				34242			

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: Herbert G Schimmel ST *Herbert G Schimmel* 1-20-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMMEL, BRENDA H.	1.2 NAME	SAME
STREET ADDRESS	2077 59TH STREET	1.3 STREET ADDRESS	86 Island Circle
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMMEL, HERBERT G.	2.2 NAME	SAME
STREET ADDRESS	2077 59TH STREET	2.3 STREET ADDRESS	86 Island Circle
CITY-ST-ZIP	SARASOTA FL 34243	2.4 CITY-ST-ZIP	Sarasota, FL 34242
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.

SIGNATURE: Brenda H Schimmel *Brenda H Schimmel* 1/20/98 941-364-8511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 0462390

CR2E034 (10/97)