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

**PROFIT CORPORATION** ANNUAL REPORT

1998

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 06 1998 8:00am

Secretary of State

Added to Fees

Zip Code

Trust Fund Contribution

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name S27685 (4)SCHEER & ASSOCIATES, INC. Principal Place of Business Mailing Address 701 SE 6TH AVE 701 SE 6TH AVE **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1991 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number Not Applicable 65-0239000 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing

Country 8. This corporation owes or has paid the current year Intangible X Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SCHEER, DANA M. 701 SE 6TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 204 83 DELRAY BEACH FL 33483 84 City 85

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 pented name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 11 TITLE TITLE NAME SCHEER, DANA M. 1.2 NAME STREET ADDRESS 701 SE 6TH AVE SUITE 204 1.3 STREET ADDRESS **DELRAY BRACH FL 33483** CITY-ST-ZIP 14 City-St-7iP Change DELETE Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CHTY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

6.4 CITY-ST-ZIP 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 supplieriental 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