

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # S61308 (0)
1. Corporation Name
STEVEN L. SCHWIER INC.



Principal Place of Business 20340 S.W. 79TH LANE DUNNELLON FL 34431	Mailing Address 20340 S.W. 79TH LANE DUNNELLON FL 34431-5130
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/17/1991		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3073625		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. May Be Added to Fees		\$5.00	

9. Name and Address of Current Registered Agent SCHWIER, STEVEN L 20340 S.W. 79TH LANE DUNNELLON FL 34431				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
--	--	--	--	--	--	--	--

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 _____ (NOTE: Ring-Stamped Agent signature required when resigning.) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	[] DELETE		1.1 TITLE	[] Change [] Addition		
NAME	SCHWIER, STEVEN L			1.2 NAME			
STREET ADDRESS	20340 S.W. 79TH LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL			1.4 CITY-ST-ZIP			
TITLE	CT	[] DELETE		2.1 TITLE	[] Change [] Addition		
NAME	SCHWIER, NANCY L			2.2 NAME			
STREET ADDRESS	20340 S.W. 79TH LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL			2.4 CITY-ST-ZIP			
TITLE	V	[] DELETE		3.1 TITLE	[] Change [] Addition		
NAME	SCHWIER, JEREMIAH			3.2 NAME			
STREET ADDRESS	23040 SW 79TH LN			3.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34431			3.4 CITY-ST-ZIP			
TITLE		[] DELETE		4.1 TITLE	[] Change [] Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		[] DELETE		5.1 TITLE	[] Change [] Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		[] DELETE		6.1 TITLE	[] Change [] Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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: *Steven L. Schwier* STEVEN L. SCHWIER 4-16-97 352 589 2899

CR2E034 (9/96)