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May 07 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 # V30871 (0)  
1. Corporation Name  
SCHROLL CORPORATION



Principal Place of Business: 901 LEE BLVD SUITE 103 LEHIGH ACRES FL 33936 US  
Mailing Address: 901 LEE BLVD SUITE 103 LEHIGH ACRES FL 33936-4953 US

3. Date Incorporated or Qualified: 04/21/1992  
3a. Date of Last Report: 01/29/1996  
4. FEI Number: 65-0406733  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. 20 Cosmopolitan Drive, Suite #4, Lehigh Acres, FL 33936  
2a. Mailing Address: (same)  
22. Unit #4  
23. Lehigh Acres  
24. FL 25. 33936

9. Name and Address of Current Registered Agent: BUTLER, GAREY F, C/O HUMPHREY & KNOTT, PA, 1625 HENDRY ST., POBOX-2449, FORT MYERS FL 33902

10. Name and Address of New Registered Agent: 81. Name, 82. Street Address (P.O. Box Number is Not Acceptable): c/o Humphrey & Knott PA, 83. 1625 Hendry St., 84. City: Fort Myers, FL 85. Zip Code: 33901

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: *Garey F Butler* DATE: March 24, 1997

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: SCHROLL, ROBERT	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1303 HOMESTEAD RD.	CITY-ST-ZIP: LEHIGH ACRES FL	
TITLE: VST	NAME: SCHROLL, PETRA	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1303 HOMESTEAD RD.	CITY-ST-ZIP: LEHIGH ACRES FL	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD	1.2 NAME: Schroll, Robert	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.3 STREET ADDRESS: 20 Cosmopolitan Drive, Unit #4	1.4 CITY-ST-ZIP: Lehigh Acres, FL 33936	
2.1 TITLE: VST	2.2 NAME: Schroll, Petra	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
2.3 STREET ADDRESS: 20 Cosmopolitan Drive, Unit #4	2.4 CITY-ST-ZIP: Lehigh Acres, FL 33936	
3.1 TITLE:	3.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:	
4.1 TITLE:	4.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:	
5.1 TITLE:	5.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	
6.1 TITLE:	6.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.3 STREET ADDRESS:	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: *Robert Schroll* REQUIRED DATE: 4/25/97 (941) 369-1710

CR2E034 (9/96)