

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
20 COSMOPOLITAN DRIVE
UNIT #4
LEHIGH ACRES FL 33936
US

Mailing Address
~~804 LEE BLVD
SUITE 100
LEHIGH ACRES FL 33936
US~~

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 20 Cosmopolitan Drive	26 20 Cosmopolitan Drive	04/21/1992	65-0406733	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 Unit # 4	27 Unit # 4	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Lehigh Acres, FL	28 Lehigh Acres, FL	<input type="checkbox"/>		
Zip	Zip	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 33936	29 33936			
Country	Country			
25 USA	30 USA			

9. Name and Address of Current Registered Agent

BUTLER, GAREY F
C/O HUMPHREY & KNOTT, PA
1625 HENDRY ST.
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	PD	1.1 TITLE	PD
NAME	SCHROLL, ROBERT	1.2 NAME	Schroll, Robert F, X.
STREET ADDRESS	20 COSMOPOLITAN DRIVE, UNIT #4	1.3 STREET ADDRESS	20 Cosmopolitan Drive, Unit #4
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	VP	2.1 TITLE	VP
NAME	SCHROLL, PETRA	2.2 NAME	Schroll, Petra
STREET ADDRESS	20 COSMOPOLITAN DRIVE, UNIT #4	2.3 STREET ADDRESS	20 Cosmopolitan Drive, Unit #4
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	Lehigh Acres, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S, T
NAME		3.2 NAME	Jacob, Martina
STREET ADDRESS		3.3 STREET ADDRESS	20 Cosmopolitan Drive, Unit #4
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lehigh Acres, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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: Schroll Corporation 2/5/98 941-369-1710

CR2E034 (10/97)