SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

TITLE

NAME

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S.A. SCHNEIDER & ASSOCIATES, INC.

FILED Jul 16, 1999 8:00 am Secretary of State 07-16-1999 90012 016 ***550.00

Change

Driverie al Blace	of Durling	Nation Address	<u></u>				
Principal Place of Business Mailing Address							
5710 NW 42ND CT. 5710 NW 42ND CT. BOCA RATON FL 33496 BOCA RATON FL 3			¢.				
US	112 30430	US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					05/19/1992		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	l
21		26			65-0347951	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 _		27			3. Commente di Citato Desired	Fee Required——	
City & Star	te	City & State			6. Election Campaign Financing	\$5.00 May Be	(
23		28	T		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current y		
24	25	[29]	30		Intangible Personal Property.		l
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Regis	Refet Agent	(
) GO	OTTSEGEN, STANLEY D.		81	, tano			
	55 GLADES ROAD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SU	ΠΕ 411-E			 			ĺ
BO	CA RATON FL 33431		83				Ĺ
			84			FL 85 Zip Code	
44 8 -	A 4 - 4	500 d 607 4500 Elected Chapter	<u> </u>		ration submits this statement for the purposon's board of directors. I hereby accept the		l
agent. I	am familiar with, and accept the ob-	ligations of, section 607.0505, F	lorida Statute	s. 		DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	8
TITLE	PD	DELETE	1.1 TITLE			Change Addition	CR2E034 (5/99)
NAME	SCHNEIDER, STANLEY		1.2 NAME	1			8
STREET ADDRESS	5710 NW 42ND COURT		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	T-ZIP			18
TITLE		DELETE	2.1 TITLE	İ		Change Addition	
NAME	<u> </u>		22 NAME			}	ĺ
STREET ADDRESS			2.3 STREET	TADDRESS			l
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	1
NAME	{		3.2 NAME				1
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY-S	T-ZIP	——————————————————————————————————————		
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME	}			ĺ
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME	}		5.2 NAME	}			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP	I		5.4 CITY-ST	r-zie			

DELETE

6.1 TITLE

6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP