

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V50793** (1)

1. Corporation Name
SCHAFFER & MITCHELL, P.A.



Principal Place of Business: **2307 HURON TRAIL MAITLAND FL 32751**
Mailing Address: **135 W. CENTRAL BLVD. 430 ORLANDO FL 32801 US**

3. Date Incorporated or Qualified: **07/13/1992**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-3133316**
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: **21 200 E. Robinson St.**
2a. Mailing Address: **26 200 E. Robinson St.**
22 Suite 700
27 Suite 700
23 Orlando, FL
28 Orlando, FL
24 32801
25
29 32801
30

9. Name and Address of Current Registered Agent: **MITCHELL, JOSEPH P. 2307 HURON TRAIL MAITLAND FL 32751**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code

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: Registered Agent signature required when constituting) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MITCHELL, JOSEPH P. 2307 HURON TRAIL MAITLAND FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD SCHAFFER, MICHAEL R. 185 BIRCHWOOD DR. MAITLAND FL	2.1 TITLE	Vice President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Schafer, Michael R.
STREET ADDRESS		2.3 STREET ADDRESS	816 Sweetwater Island Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE		3.1 TITLE	Secretary/Tres. Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Stephen J. Sheridan
STREET ADDRESS		3.3 STREET ADDRESS	16 Heather Green Court
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael R. Schaffer* 3-14-96 407-839-3330
MICHAEL R. SCHAFFER Date: _____ Disting. Phone #: _____

CR2E034 (12/95)