


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

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90036 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V50793
 1. Corporation Name
SCHAFFER, MITCHELL & SHERIDAN, P.A.



Principal Place of Business 200 E ROBINSON ST STE 700 ORLANDO FL 32801 US	Mailing Address 200 E ROBINSON ST STE 700 ORLANDO FL 32801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 07/13/1992	
4. FEI Number 59-3133316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Joseph P. Mitchell	
82 Street Address (P.O. Box Number is Not Acceptable) 200 E. Robinson Street	
83 Suite 700	
84 City Orlando	85 Zip Code FL 32801

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MITCHELL, JOSEPH P.	
STREET ADDRESS	2307 HURON TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SCHAFFER, MICHAEL R.	
STREET ADDRESS	816 SWEETWATER ISLAND CIRCLE	
CITY-ST-ZIP	LOGWOOD FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SHERIDAN, STEPHN J	
STREET ADDRESS	16 EHATHER GREEN CT	
CITY-ST-ZIP	OCOE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph P. Mitchell	
1.3 STREET ADDRESS	200 E. Robinson St. Suite 700	
1.4 CITY-ST-ZIP	Orlando, FL 32801	
2.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael R. Schaffer	
2.3 STREET ADDRESS	200 E. Robinson St. Suite 700	
2.4 CITY-ST-ZIP	Orlando, FL 32801	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stephan J. Sheridan	
3.3 STREET ADDRESS	200 E. Robinson Suite 700	
3.4 CITY-ST-ZIP	Orlando FL 32801	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Michael R. Schaffer **REQUIRED** 3-25-99 407-839-3330
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)