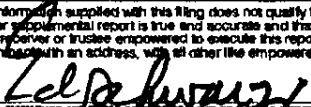


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54483				TALLAHASSEE, FLORIDA	
1. Entity Name SCHWARZ REALTY GROUP, INC.					
Principal Place of Business 457 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114			Mailing Address 457 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3138325			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHWARZ, EDWARD L. 457 SOUTH RIDGEWOOD AVE. DAYTONA BEACH, FL 32114			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable) (Name, Registered Agent's Signature, printed name, and date if applicable)					
9. Election Campaign Financing Trust Fund Contribution: ☐			\$5.00 May Be Added to Fees ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(1), Florida Statutes. I further certify that the information included on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/1/03 386-258-0555		
Signature and Title of Officer or Director			Date		

CR2E034 (10/02)

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