FILED

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V58035

5758 SW 42 TERRACE MIAMI FL 33155

1. Corporation Name

GEORGE H. SCHULTE REALTY, INC.

	Marilla Address			
Principal Place of Business	Mailing Address			
5758 SW 42 TERR MIAMI FL 33155	5758 SW 42 TERR MIAMI FL 33155		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed 08/17/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0360821	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cou 24 25	ntry Zip (Country	This corporation owes the current year Int Personal Property Tax.	angible □ Yes ,XNo
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent
SCHULTE, JOSEPH		81 Name		

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

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83 84

City

Street Address (P.O. Box Number is Not Acceptable)

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	(cross		7-1-4-6				
Signature, typed cyprified name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	SCHULTE, JOSEPH	1.2 NAME					
STREET ADDRESS	5758 SW 42 TERR	1.3 STREET ADDRESS	ļ				
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2. 4 CITY-ST-ZIP					
TITLE	DELETE	3.1 TITLE	Change Addition				
NAME		3.2 NAME					
STREET ADDRESS	·	3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
		64 CITY, ST. 7ID					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3053731217

Zip Code

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