

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

PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

*Handwritten initials*

DOCUMENT # **V58035**  
Corporation Name  
**GEORGE H. SCHULTE REALTY, INC.**



Principal Place of Business SW 42 TERR FL 33155	Mailing Address 5758 SW 42 TERR MIAMI FL 33155
2a. Mailing Address 26	Suits, Apt. #, etc. 27
City & State 28	City & State
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/17/1992**

4. FEI Number  
**65-0360821** Applied For Not Apply

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**SCHULTE, JOSEPH**  
**5758 SW 42 TERRACE**  
**MIAMI FL 33155**

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

Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:
<input type="checkbox"/> DELETE <b>PO SCHULTE, JOSEPH</b> <b>5758 SW 42 TERR</b> <b>MIAMI FL 33155</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>400003280334--4</b> <b>-05/07/00--01024--010</b> <b>****150.00 ****150.00</b>
<input type="checkbox"/> DELETE	2.1 TITLE
<input type="checkbox"/> DELETE	2.2 NAME
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	3.1 TITLE
<input type="checkbox"/> DELETE	3.2 NAME
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	4.1 TITLE
<input type="checkbox"/> DELETE	4.2 NAME
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	5.1 TITLE
<input type="checkbox"/> DELETE	5.2 NAME
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	6.1 TITLE
<input type="checkbox"/> DELETE	6.2 NAME
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
<input type="checkbox"/> DELETE	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: *Joseph Schulte* 4/28/00 (305) 823-1203