**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **V63024** **(6)**

1. Corporation Name
**SCHAERF, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3390 BAYOU SOUND<br>LONGBOAT KEY FL 34228 | 3390 BAYOU SOUND<br>LONGBOAT KEY FL 34228 |

3. Date Incorporated or Qualified: **09/08/1992**
3a. Date of Last Report: **04/19/1995**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 658 CEDARS EAST | 26 THUMERSBACHERSTR 41A |
| Suite, Apt. #, etc<br>22 658 CEDARS COURT | Suite, Apt. #, etc<br>27 2ECL a SEE |
| City & State<br>23 LONGBOAT KEY | City & State<br>28 A-5700 / AUSTRIA |
| Zip / Country<br>24 FL 84228 / 25 FL | Zip / Country<br>29 A-5700 / 30 AUSTRIA |

4. FEI Number: **65-0358460** — Applied For ☐ Not Applicable ☐
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

**9. Name and Address of Current Registered Agent**

**DUMBAUGH, JOHN D.**
**1390 MAIN ST**
**SUITE 1100**
**SARASOTA FL 34236**

**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 co ☐ stered office or registered agent, or both, in the State of Florida. Such change was authorized by the corpor ☐ ered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent, and date (if applicable) (NOTE: Registered Agent's signature re

Due to address being out of the country. The mailing address was updated with the Registered Agent address. LT

| 12. OFFICERS AND DIRECTORS | | | 13. | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHAERF, GOTTHARD | | 12 NAME | | |
| STREET ADDRESS | 3390 BAYOU SOUND | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGBOAT KEY FL | | 14 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHAERF, ROMAN | | 22 NAME | | |
| STREET ADDRESS | 3390 BAYOU SOUND | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGBOAT KEY FL | | 24 CITY-ST-ZIP | | |
| TITLE | S | ☒ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHAERF, ELISABETH | | 32 NAME | | |
| STREET ADDRESS | 3390 BAYOU SOUND | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on or an attachment with an address.

**SIGNATURE:** _____ 7-25-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #