

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **325704** (5)
1. Corporation Name
R.L. SCHREIBER, INC.



Principal Place of Business Mailing Address
1741 NW 33RD STREET **1741 NW 33RD STREET**
POMPANO BEACH FL 33064 **POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified **01/26/1968** 3a. Date of Last Report **04/11/1995**
4. FEI Number **59-1217903** 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

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

9. Name and Address of Current Registered Agent
PETERSON, KATHLEEN S.
1741 NW 33 ST
POMPANO BEACH FL 33064

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 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	V	<input type="checkbox"/> DELETE
NAME	SCHREIBER, JANE L	
STREET ADDRESS	1741 NW 33RD STREET	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHREIBER, ANNE M	
STREET ADDRESS	1741 NW 33RD ST.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASSENGALE, MARY S.	
STREET ADDRESS	1741 NW 33 STREET	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PETERSON, KATHLEEN S.	
STREET ADDRESS	1741 NW 33RD ST	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHREIBER, THOMAS L	
STREET ADDRESS	1741 NW 33RD ST	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHREIBER, JOHN R	
STREET ADDRESS	1741 NW 33RD ST	
CITY - ST - ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *T.S. Schil* PRESIDENT Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)