


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

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 333219 (4)**

1. Corporation Name  
**BRASS & SCHNEIDER, INC.**



Principal Place of Business <b>3655 MAGUIRE BLVD -- STE 150 -- ORLANDO FL 32803 US</b>	Mailing Address <b>P.O. BOX 1420 ORLANDO FL 32802-1420 US</b>
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3. Date Incorporated or Qualified <b>07/31/1968</b>	3a. Date of Last Report <b>05/10/1996</b>
4. FEI Number <b>59-1217104</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>3203 Lawton Road</b> Suite, Apt. #, etc. 22 <b>Suite 215</b> City & State 23 <b>Orlando, FL</b> Zip 24 <b>32802</b> Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>SCHNEIDER, ALVIN R 3655-MAGUIRE-BLVD- STE 150 ORLANDO FL-32803</b>	10. Name and Address of New Registered Agent 81 Name <b>Alvin R. Schneider</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3203 Lawton Road</b> 83 <b>Suite 215</b> 84 City <b>Orlando</b> 85 Zip Code <b>FL 32802</b>
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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 **Alvin R. Schneider** *[Signature]* DATE **4/22/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>SCHNEIDER, ALVIN R</b>	
STREET ADDRESS <b>3655 MAGUIRE BLVD, STE 150</b>	
CITY - ST - ZIP <b>ORLANDO FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>SCHNEIDER, ALVIN R.</b>	
STREET ADDRESS <b>2655 MAGUIRE BLVD., STE 150</b>	
CITY - ST - ZIP <b>ORLANDO FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>SCHNEIDER, SCOTT</b>	
STREET ADDRESS <b>3655 MAGUIRE BLVD STE 150</b>	
CITY - ST - ZIP <b>ORLANDO FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>MCDADE, EDWARD D</b>	
STREET ADDRESS <b>3655 MAGUIRE BLVD STE 150</b>	
CITY - ST - ZIP <b>ORLANDO FL</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>SCHNEIDER, ANNE B</b>	
STREET ADDRESS <b>3655 MAGUIRE BLVD STE 150</b>	
CITY - ST - ZIP <b>ORLANDO FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>Alvin R. Schneider</b>	
13 STREET ADDRESS <b>3203 Lawton Road Suite 215</b>	
14 CITY - ST - ZIP <b>Orlando, FL 32803</b>	
21 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME <b>Alvin R. Schneider</b>	
23 STREET ADDRESS <b>3203 Lawton Road Suite 215</b>	
24 CITY - ST - ZIP <b>Orlando, FL 32803</b>	
31 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME <b>Scott Schneider</b>	
33 STREET ADDRESS <b>3203 Lawton Road Suite 215</b>	
34 CITY - ST - ZIP <b>Orlando, FL 32803</b>	
41 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME <b>McDade, Edward D</b>	
43 STREET ADDRESS <b>3203 Lawton Road Suite 215</b>	
44 CITY - ST - ZIP <b>Orlando, FL 32803</b>	
51 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME <b>Anne B. Schneider</b>	
53 STREET ADDRESS <b>3203 Lawton Road Suite 215</b>	
54 CITY - ST - ZIP <b>Orlando, FL 32803</b>	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 address.

SIGNATURE: **Alvin R. Schneider** *[Signature]* DATE **4/22/97** 407-8944400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)