

**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 # **G69160 (1)**

1. Corporation Name  
**SCHONINGER MANAGEMENT CORPORATION**



Principal Place of Business: **5821 HOLLYWOOD BLVD 202 HOLLYWOOD FL 33021 US**  
Mailing Address: **5821 HOLLYWOOD BLVD 202 HOLLYWOOD FL 33021 US**

3. Date Incorporated or Qualified: **09/30/1983**  
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2329893**  
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**

**GABLE, MICHAEL P.  
4000 HOLLYWOOD BLVD  
SUITE 485 SOUTH TOWER  
HOLLYWOOD FL 33021**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHONINGER, HOWARD</b>	
STREET ADDRESS	<b>2380 BAYVIEW LANE</b>	
CITY - ST - ZIP	<b>N. MIAMI FL</b>	
TITLE	<b>PS</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHONINGER, BERNARD</b>	
STREET ADDRESS	<b>2 GROVE ISLE #1702</b>	
CITY - ST - ZIP	<b>COCONUT GROVE FL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHONINGER, ALEXANDRIA</b>	
STREET ADDRESS	<b>2 GROVE ISLE, APT. B1702</b>	
CITY - ST - ZIP	<b>COCONUT GROVE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHONINGER, SAMUEL</b>	
STREET ADDRESS	<b>30 ELM AVE</b>	
CITY - ST - ZIP	<b>COLORADO SPRINGS CO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCUS, JANE</b>	
STREET ADDRESS	<b>ONE GROVE ISLE DR</b>	
CITY - ST - ZIP	<b>COCONUT GROVE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 in 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.

SIGNATURE:

*[Handwritten Signature]*

**Bernard Schoninger**

**3/6/96**

**954 967 0612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)