

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

**FILED**

**Jan 24 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 # G69160 (1)**  
 1. Corporation Name  
**SCHONINGER MANAGEMENT CORPORATION**



Principal Place of Business <b>5821 HOLLYWOOD BLVD 202 HOLLYWOOD FL 33021 US</b>	Mailing Address <b>5821 HOLLYWOOD BLVD 202 HOLLYWOOD FL 33021-6327 US</b>
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3. Date Incorporated or Qualified <b>09/30/1983</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>59-2329893</b>	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>GABLE, MICHAEL P. 4000 HOLLYWOOD BLVD SUITE 485 SOUTH TOWER HOLLYWOOD FL 33021</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 \_\_\_\_\_ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHONINGER, HOWARD</b>	1.2 NAME	
STREET ADDRESS	<b>2380 BAYVIEW LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHONINGER, BERNARD</b>	2.2 NAME	
STREET ADDRESS	<b>2 GROVE ISLE #1702</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHONINGER, ALEXANDRIA</b>	3.2 NAME	
STREET ADDRESS	<b>2 GROVE ISLE, APT. B1702</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHONINGER, SAMUEL</b>	4.2 NAME	
STREET ADDRESS	<b>30 ELM AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLORADO SPRINGS CO</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCUS, JANE</b>	5.2 NAME	
STREET ADDRESS	<b>ONE GROVE ISLE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 19, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Sandra B. Mortham** **1/24/97** **954 967-0612** Daytime Phone #

CR2E034 (9/96)