

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address

**5821 HOLLYWOOD BLVD
 202
 HOLLYWOOD FL 33021
 US**

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 202
 HOLLYWOOD FL 33021
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/30/1983

4. FEI Number **59-2329893** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Country 28 Zip Country

24 25 29 30

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 **STEWART MARCUS**

82 Street Address (P.O. Box Number is Not Acceptable)
3225 AVIATION AVENUE ST#700

83

84 City **MIAMI** FL 85 Zip **33133**

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 *Stewart Marcus, Sec.* DATE **3/23/98**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHONINGER, HOWARD	
STREET ADDRESS	2380 BAYVIEW LANE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	SCHONINGER, BERNARD	
STREET ADDRESS	2 GROVE ISLE #1702	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SCHONINGER, ALEXANDRIA	
STREET ADDRESS	2 GROVE ISLE, APT. B1702	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHONINGER, SAMUEL	
STREET ADDRESS	30 ELM AVE	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCUS, JANE	
STREET ADDRESS	ONE GROVE ISLE DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART MARCUS	
STREET ADDRESS	3225 AVIATION AVENUE ST#700	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	

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 checked="" type="checkbox"/> Addition
6.2 NAME	STEWART MARCUS
6.3 STREET ADDRESS	3225 AVIATION AVENUE ST 700
6.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133

14. I 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 an address.

SIGNATURE *Stewart Marcus, Sec.* DATE **3/16/98**

CR2E034 (10/97)