

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00094 (5)**

**SCHONINGER FAMILY FOUNDATION, INC.**



Principal Place of Business 5001 HOLLYWOOD BLVD 802 HOLLYWOOD FL 33021 US	Mailing Address 5021 HOLLYWOOD BLVD 802 HOLLYWOOD FL 33021 US
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3. Date Incorporated or Qualified <b>11/30/1983</b>	4. FEI Number <b>59-2360152</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>4225 Ponce de Leon</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4225 Ponce de Leon</b> Suite, Apt. #, etc.		
22	27		
23 City & State <b>Coral Gables, FL</b>	28 City & State <b>Coral Gables, FL</b>		
24 Zip <b>33146</b>	25 Country <b>Dade</b>	29 Zip <b>33146</b>	30 Country <b>Dade</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GABLE, MICHAEL P**  
**4000 HOLLYWOOD BLVD**  
**STE 485 S. 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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHONINGER, BERNARD	1.2 NAME	
STREET ADDRESS	2 GROVE ISLE #1702	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHONINGER, ALEXANDRIA	2.2 NAME	
STREET ADDRESS	2 GROVE ISLE, APT. B1702	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	
TITLE	ASTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHONINGER, SAMUEL F	3.2 NAME	
STREET ADDRESS	30 ELM AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRGS CO	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James I. Kramer	4.2 NAME	
STREET ADDRESS	4225 Ponce de Leon Blvd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **3-25-98**

CR2E037 (10/97)