

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2: 54

DOCUMENT # P14657 (1)
1. Corporation Name
THE SCHOENLING BREWING COMPANY

Principal Place of Business Mailing Address
1625 CENTRAL PARKWAY CINCINNATI OH 45214 **1625 CENTRAL PARKWAY CINCINNATI OH 45214**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/01/1987** 3a. Date of Last Report **02/02/1994**
4. FEI Number **31-0436010** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SCHIAVONE, EMIL 81 Name
31 MCMILLAN ST. 82 Street Address (P.O. Box Number is Not Acceptable)
ST. AUGUSTINE FL 32084 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, as 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]* DATE: _____
(Signature of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTENDAHL, KENNETH	1.2 NAME	
STREET ADDRESS	5889 LAWRENCE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	1.4 CITY - ST - ZIP	
TITLE	VDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTENDAHL, CHARLES	2.2 NAME	
STREET ADDRESS	3284 HILDRETH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIETH, STEVEN	3.2 NAME	
STREET ADDRESS	1835 GARRET HOUSE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD OH	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENLING, ELMER	4.2 NAME	
STREET ADDRESS	7209 CRESCENT DR.	4.3 STREET ADDRESS	D SCHOENLING, ANN
CITY - ST - ZIP	MASON OH	4.4 CITY - ST - ZIP	7209 CRESENT DR.
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPENDORF, JOYCE	5.2 NAME	
STREET ADDRESS	210 LEXINGTON AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	IOWA CITY IA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOERNER, JOHN	6.2 NAME	
STREET ADDRESS	308 CITATION CT	6.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH BEND OH	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* VICE PRESIDENT 2/01/95 (513) 241-4344
(Signature and Typed or Printed Name or Billing Office or Director) Title (Area Code) Phone Number