

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P14657** (1)

1. Corporation Name  
**THE SCHOENLING BREWING COMPANY**



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

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

3. Date Incorporated or Qualified: **06/01/1987** 3a. Date of Last Report: **02/07/1995**  
4. FEIN 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  
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent  
**SCHIAVONE, EMIL  
31 MCMILLAN ST.  
ST. AUGUSTINE FL 32084**

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

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LICHTENDAHL, KENNETH	
STREET ADDRESS	5889 LAWRENCE RD	
CITY, ST, ZIP	CINCINNATI OH	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	LICHTENDAHL, CHARLES	
STREET ADDRESS	3264 HILDRETH AVE.	
CITY, ST, ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIETH, STEVEN	
STREET ADDRESS	1835 GARRET HOUSE	
CITY, ST, ZIP	FAIRFIELD OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOENLING, ANN	
STREET ADDRESS	7209 CRESENT DR.	
CITY, ST, ZIP	MASON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPENDORF, JOYCE	
STREET ADDRESS	210 LEXINGTON AVE.	
CITY, ST, ZIP	IOWA CITY IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOERNER, JOHN	
STREET ADDRESS	306 CITATION CT	
CITY, ST, ZIP	NORTH BEND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary 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; employees I 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (513) 241-4344

CR2E084 (12/95)