

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

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 45214-2423
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1987	3a. Date of Last Report 03/21/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 31-0436010		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCHIAVONE, EMIL 31 MCMILLAN ST. ST. AUGUSTINE FL 32084				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 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 of 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	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-STATE-ZIP	CINCINNATI OH	1.4 CITY-STATE-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-STATE-ZIP	CINCINNATI OH	2.4 CITY-STATE-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-STATE-ZIP	FAIRFIELD OH	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENLING, ANN	4.2 NAME	
STREET ADDRESS	7209 CRESSENT DR.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MASON OH	4.4 CITY-STATE-ZIP	
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-STATE-ZIP	IOWA CITY IA	5.4 CITY-STATE-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-STATE-ZIP	NORTH BEND OH	6.4 CITY-STATE-ZIP	

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone: _____

CR2E034 (9/96)