

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1599 CENTRAL PARKWAY	06/01/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				31-0436010	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
		CINCINNATI, OHIO		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		45214		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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			

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 _____ (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-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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENLING, ANN	4.2 NAME	
STREET ADDRESS	7209 CRESENT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MASON OH	4.4 CITY-ST-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-ST-ZIP	IOWA CITY IA	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* VICE-PRESIDENT 3/30/98 (513) 241-4344

CR2E034 (10/97)