

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90073 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14657
 1. Corporation Name
THE SCHOENLING BREWING COMPANY

Principal Place of Business 1625 CENTRAL PARKWAY CINCINNATI OH 45214	Mailing Address 1599 CENTRAL PKWY CINCINNATI OH 45214 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/01/1987	
4. FEI Number 31-0436010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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

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

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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VICE PRES./DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBERT J. BOZSAN
6.3 STREET ADDRESS	19 THOMAS POINTE DR.
6.4 CITY-ST-ZIP	FT. THOMAS, KY 41075

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, with all other like empowered.

SIGNATURE: STEVEN F. RIETH SECRETARY 3/8/99 (513) 241-4344
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)