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

APPROVED AND FILED

95 APR 19 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07916 (0)

1. Corporation Name
SCHMIDT, GARDEN & ERIKSON, INC.

Principal Place of Business	Mailing Address
% DANIEL S. SAGAN 5700 MIDNIGHT PASS ROAD SARASOTA FL 34242	% DANIEL S. SAGAN 5700 MIDNIGHT PASS ROAD SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1985	3a. Date of Last Report: 03/16/1994
4. FEI Number: 36-3282626	Applied For / Not Applicable
5. Certificate of Status Desired [X]	$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 [X] Yes [ ] No	

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

9. Name and Address of Current Registered Agent

SAGAN, DANIEL S.
5700 MIDNIGHT PASS ROAD
SARASOTA FL 34242

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P T D	[X] Change [ ] Addition
NAME	LANGE, ROBERT F.	1.2 NAME	Frank P. Gagarin	
STREET ADDRESS	104 S. MICHIGAN AVENUE	1.3 STREET ADDRESS	104 S. Michigan Avenue	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, IL 60603	
TITLE	SVD	2.1 TITLE	V S D	[X] Change [ ] Addition
NAME	GAGARIN, FRANK P. ✓	2.2 NAME	Daniel S. Sagan	
STREET ADDRESS	104 S. MICHIGAN AVENUE	2.3 STREET ADDRESS	5700 Midnight Pass Road	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	VD	3.1 TITLE	Please note:	[ ] Change [ ] Addition
NAME	SAGAN, DANIEL S.	3.2 NAME	Robert F. Lange is deceased	
STREET ADDRESS	5700 MIDNIGHT PASS RD	3.3 STREET ADDRESS	Robert F. Dahl is retired	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	William Rodeck is retired	
TITLE	TVD	4.1 TITLE		[ ] Change [ ] Addition
NAME	DAHL, ROBERT J.	4.2 NAME		
STREET ADDRESS	104 S. MICHIGAN AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		[ ] Change [ ] Addition
NAME	RODECK, WILLIAM F.	5.2 NAME		
STREET ADDRESS	104 S. MICHIGAN AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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: Frank P. Gagarin President April 12, 1995 312/332-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frank P. Gagarin

CP