

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 544766 (9)

1. Corporation Name
SCHRAKO, INC.



Principal Place of Business
6545 W STATE RD 44
LAKE PANASOFFKEE FL 33538
US

Mailing Address
6545 W STATE RD 44
LAKE PANASOFFKEE FL 33538
US

3. Date Incorporated or Qualified 08/31/1977	3a. Date of Last Report 04/27/1995
4. FEI Number 59-1769815	Applied For 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

KOZLOWSKI, LEE J
6545 W STATE RD 44
LK PANASOFFKEE FL 33538

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	6545 W STATE RD 44	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	LK PANASOFFKEE, FL 00000	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	PD	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	KOZLOWSKI, LEE J	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	6545 W STATE RD 44	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	LK PANASOFFKEE, FL 00000	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	SCHROEDER, RUBY M.	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	6545 W STATE RD 44	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	LK PANASOFFKEE, FL 00000	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	NAME		
NAME	SCHROEDER, NANCY J		
STREET ADDRESS	6545 W STATE RD 44		
CITY - ST - ZIP	LK PANASOFFKEE, FL 00000		
TITLE	NAME		
NAME	KOZLOWSKI, SHARON M		
STREET ADDRESS	6545 W STATE RD 44		
CITY - ST - ZIP	LK PANASOFFKEE, FL 00000		
TITLE	NAME		
NAME			
STREET ADDRESS			
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: *Donald E. Schroeder* DONALD E. SCHROEDER 2/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/2/95

CR2E034 (12/95)