

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

FILED

**Apr 23 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 # F19363 (3)

1. Corporation Name
SCHOONER REALTY, INC.

Principal Place of Business 892 CATFISH AVE. NEW SMYRNA BCH. FL 32169-4621	Mailing Address 892 CATFISH AVE. NEW SMYRNA BCH. FL 32169-4621
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1981
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2152593	Applied For <input type="checkbox"/> 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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HAGGLUND, PAUL 142 N CAUSEWAY NEW SMYRNA BEACH FL 32069				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 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 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	P	<input type="checkbox"/> DELETE	1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMATO, ELEANOR V		1.2 NAME	ROBIN LEE HOELZEL	
STREET ADDRESS	892 CATFISH AVENUE		1.3 STREET ADDRESS	3857 W. CLIFFORD TERR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP	SKOKIE IL	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYSOCKI, ROSE		2.2 NAME		
STREET ADDRESS	1805 NEEDLE PALM DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL		2.4 CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISCO, STELLA		3.2 NAME		
STREET ADDRESS	1803 NEEDLE PALM DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL		3.4 CITY-ST-ZIP		
TITLE	XX	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXXXXXXXXXXXX		4.2 NAME		
STREET ADDRESS	XXXX W. XXXXXXXX TERR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	XXXXXX, XX		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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 register of justice 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.

ELEANOR V. AMATO APRIL 15, 1998 904-427-8562

CP2E034 (10/97)