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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(2)

1. Corporation Name SCHON CREATIVE SERVICES, INC. Principal Place of Business TAMPA INTERNATIONAL AIRPROT MARRIOTT OFC LEVEL C48 TAMPA FL 33607 US 1. Corporation Name Mailing Address TAMPA FL 33623 TAMPA FL 33607 US						
				3. Date proprey aled or Qualified 02/25/1982	3a. Date of as 04/26	/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FET Number 170164	<u>-1</u>	Applied For
Suite, Apt.	, etc.	Suite, Apt. #, etc				Not Applicable
22		27		5. Certificate of Status Desired	1 1	75 Additional se Required
City & State		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution		.00 May Be ded to Fees
<i>Ζ</i> ιρ 24	Country	Zip	Country	8. This corporation has liability for in		
24	25 9. Name and Address of Curren	29	30	Florida Statutes X Yes	□ No	
	5. Name and Address of Currer	it negistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
MALAND, ROBERT A. 9100 S. DADELAND BLVD						
			82 Street Add	dress (P.O. Box Number is Not Acceptabl	(e)	
MIAMI	FL 33156		83		· · · · · · · · · · · · · · · · · · ·	
			84 City			Zip Code
familiar with SIGNATURE	n, and accept the obligations of, Secti	ion 607,0505, Florida Statute:	S The corporation's pos	ration submits this statement for the purp ard of directors. Thereby accept the appo	pintment as register	ed agent I am
familiar with SIGNATURE	ad agent, or both, in the State of Floric n, and accept the obligations of Section System by et or productions of regularity agents OFFICERS AND	on 607.0505, Florida Statute: ஃபி நார்தா அ D DIRECTORS	TE Registred Age disgraphic regime. 13.	and or directors. I horeby accept the appo	DATE CERS AND DIRECT	ed agent I am
familiar with SIGNATURE	i, and accept the obligations of Sections of Sections of accept the obligations of agreement against the section of the sectio	ion 607.0505, Florida Statute:	The Brasin Aproxy and recognic	are or directors. Thereby accept the appo	Dintrient as register	ed agent I am
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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 appears in Block 12 or Block 13 if changed, or coopinal adactment with an address.

SIGNATURE:

4/30/96 (813)287-5005