

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12: 32

DOCUMENT # **G69160** (1)

1. Corporation Name  
**SCHONINGER MANAGEMENT CORPORATION**

Principal Place of Business	Mailing Address
5821 HOLLYWOOD BLVD 202 HOLLYWOOD FL 33021 US	5821 HOLLYWOOD BLVD 202 HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/30/1983</b>	3a. Date of Last Report <b>04/13/1994</b>
4. FEI Number <b>59-2329893</b>	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GABLE, MICHAEL P.  
4000 HOLLYWOOD BLVD  
SUITE 485 SOUTH TOWER  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 date of appointment. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SCHONINGER, HOWARD</b>
STREET ADDRESS	<b>2380 BAYVIEW LANE</b>
CITY - ST - ZIP	<b>N. MIAMI FL</b>
TITLE	<b>PS</b>
NAME	<b>SCHONINGER, BERNARD</b>
STREET ADDRESS	<b>2 GROVE ISLE #1702</b>
CITY - ST - ZIP	<b>COCONUT GROVE FL</b>
TITLE	<b>VT</b>
NAME	<b>SCHONINGER, ALEXANDRIA</b>
STREET ADDRESS	<b>2 GROVE ISLE, APT. B1702</b>
CITY - ST - ZIP	<b>COCONUT GROVE FL</b>
TITLE	<b>P</b>
NAME	<b>SCHONINGER, SAMUEL</b>
STREET ADDRESS	<b>30 ELM AVE</b>
CITY - ST - ZIP	<b>COLORADO SPRINGS CO</b>
TITLE	<b>D</b>
NAME	<b>MARCUS, JANE</b>
STREET ADDRESS	<b>ONE GROVE ISLE DR</b>
CITY - ST - ZIP	<b>COCONUT GROVE FL</b>
TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information is based on the 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, Block 13, or on an attachment with an address.

SIGNATURE: **Bernard Schoninger, President** 305 967 0612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR