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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G69160 (1)**

1. Corporation Name
SCHONINGER MANAGEMENT CORPORATION



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

3. Date Incorporated or Qualified: **09/30/1983**
3a. Date of Last Report: **02/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2329893	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 has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D <input type="checkbox"/> DELETE NAME: SCHONINGER, HOWARD STREET ADDRESS: 2380 BAYVIEW LANE CITY - ST - ZIP: N. MIAMI FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY - ST - ZIP:
TITLE: PS <input type="checkbox"/> DELETE NAME: SCHONINGER, BERNARD STREET ADDRESS: 2 GROVE ISLE #1702 CITY - ST - ZIP: COCONUT GROVE FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY - ST - ZIP:
TITLE: VT <input type="checkbox"/> DELETE NAME: SCHONINGER, ALEXANDRIA STREET ADDRESS: 2 GROVE ISLE, APT. B1702 CITY - ST - ZIP: COCONUT GROVE FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP:
TITLE: D <input type="checkbox"/> DELETE NAME: SCHONINGER, SAMUEL STREET ADDRESS: 30 ELM AVE CITY - ST - ZIP: COLORADO SPRINGS CO	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP:
TITLE: D <input type="checkbox"/> DELETE NAME: MARCUS, JANE STREET ADDRESS: ONE GROVE ISLE DR CITY - ST - ZIP: COCONUT GROVE FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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 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 in 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: *Bernard Schoninger* **Bernard Schoninger** 3/6/96 **954 967 0612**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)