

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/30/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2329893	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GABLE, MICHAEL P. 4000 HOLLYWOOD BLVD SUITE 485 SOUTH TOWER HOLLYWOOD FL 33021		81 Name STEWART MARCUS 82 Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVENUE ST#700 83 84 City MIAMI FL 85 Zip 33183	

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 *Stewart Marcus, Sec.* DATE 3/23/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SCHONINGER, HOWARD	1.2 NAME	
STREET ADDRESS	2380 BAYVIEW LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PS	2.1 TITLE	
NAME	SCHONINGER, BERNARD	2.2 NAME	
STREET ADDRESS	2 GROVE ISLE #1702	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	
NAME	SCHONINGER, ALEXANDRIA	3.2 NAME	
STREET ADDRESS	2 GROVE ISLE, APT. B1702	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SCHONINGER, SAMUEL	4.2 NAME	
STREET ADDRESS	30 ELM AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS CO	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MARCUS, JANE	5.2 NAME	
STREET ADDRESS	ONE GROVE ISLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	STEWART MARCUS	6.2 NAME	STEWART MARCUS
STREET ADDRESS	3225 AVIATION AVENUE ST#700	6.3 STREET ADDRESS	3225 AVIATION AVENUE ST 700
CITY-ST-ZIP	COCONUT GROVE, FL 33433	6.4 CITY-ST-ZIP	COCONUT GROVE, FL 33183

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 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 *Stewart Marcus, Sec.* DATE 3/6/98

CR2E034 (10/97)