SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # H42867 (2)W.W. SCHOO MANAGEMENT, INC. Principal Place of Business Maling Address 9411 CYPRESS LAKE DRIVE 9411 CYPRESS LAKE DRIVE SUITE #2 SUITE #2 FORT MYERS FL 33919 FORT MYERS FL 33919 3. Date Incorporated or Qualified 3a, Date of Last Report US 02/15/1985 05/01/1995 Principal Place of Business Mailing Address 2a. Applied For 21 26 59-2510464 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCHOO, WILLIAM W. 4986 MARLINSPIKE CT 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33919 83 City 85 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 horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE Signature, type a or prince yearly of registered agent and title if applicable (NOTE Registered Agent signature regured when re-nstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 11 TiTLE Change Addition NAME SCHOO, WILLIAM W. 1.2 NAME CR2E034 4986 MARLINSPIKE CT. STREET ADDRESS 13 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 14 CITY - ST - ZIP DELETE TITLE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP TETLE DELETÉ 3.1 TIELE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELFTE 4.1 TrTLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CITY - \$1 - ZIP TITLE DELETE 5 1 TIT. F Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5 4 CITY - ST - ZIP TITLE DELETE V6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$7 - 7IP 14. I do hereby certify that the information supplied with this filing is coluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k). Florida Statutes 1 further certify that the information indicated op 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 of the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on a attachment with an address. 6-25-96 441-481-4700 SIGNATURE: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR