

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J91535 (1)

1. Corporation Name

SCHOENROCK & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

C/O KURT SCHOENROCK, PRESIDENT
5514 9TH STREET NORTH
ST. PETERSBURG FL 33703
US

C/O KURT SCHOENROCK, PRESIDENT
5514 9TH STREET NORTH
ST. PETERSBURG FL 33703
US

3. Date Incorporated or Qualified 09/01/1987	3a. Date of Last Report 04/25/1995
4. FEI Number 59-2848473	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. 1041 Fawn Ct.	26. 1041 Fawn Ct.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. Oldsmar FL	28. Oldsmar FL
24. 34677	29. 34677
Country	Country
25. Pinellas	30. Pinellas

9. Name and Address of Current Registered Agent

SCHOENROCK, KURT
5514 9TH STREET NORTH
ST. PETERSBURG FL 33703

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) 1041 Fawn Ct
83.
84. City Oldsmar FL 85. Zip Code 34677

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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent Signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENROCK, KURT	1.2 NAME	
STREET ADDRESS	4901 LANSING ST NE	1.3 STREET ADDRESS	1041 Fawn Ct
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENROCK, MARIE	2.2 NAME	
STREET ADDRESS	4901 LANSING ST NE	2.3 STREET ADDRESS	1041 Fawn Ct
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

4-29-96 813-789-9898

CR2E034 (12/95)