FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -8 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K94361 (8)

1. Corporation Name
SCHAUN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1205 LAKE AVENUE LAKE WORTH FL 33460 US	100 LAKESHORE DRIVE # 655 NORTH PALM BEACH FL 33408 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1969
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address
21 4735 N.W. 7TH COURT	26 4735 N.W. 7TH COURT
Suite, Apt. #, etc. 22 APT. #323	Suite, Apt. #, etc. 27 APT. #323
City & State 23 LANTANA, FL	City & State 28 LANTANA, FL
Zip / Country 24 33462 / 25	Zip / Country 29 33462 / 30

4. FEI Number: ~~NOT APPLICABLE~~ 65-0127501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHROER, PAUL
100 LAKESHORE DRIVE APT. 655
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: SCHROER, PAUL
82 Street Address (P.O. Box Number is Not Acceptable): 4735 N.W. 7TH COURT, APT. 323
83
84 City: LANTANA FL 85 Zip Code: 33462

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 (if applicable) NOTE: Registered Agent Signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition D
NAME	SCHROER, PAUL	12 NAME	SCHROER, PAUL
STREET ADDRESS	100 LAKESHORE DR. 655	13 STREET ADDRESS	4735 N.W. 7TH COURT, #323
CITY-ST-ZIP	N. PALM BEACH FL	14 CITY-ST-ZIP	LANTANA, FL 33462
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	600001426066 -03/10/95--01037--014
STREET ADDRESS		23 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	T.S. 3/8/95
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 attached sheet, with an address.

SIGNATURE: PAUL SCHROER _____ 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date

0247644 CP