

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K94361 (8)

1. Corporation Name

SCHAUN ASSOCIATES, INC.



Principal Place of Business

4735 N.W. 7TH COURT. APT. #323
LANTANA FL 33462
US

Mailing Address

4735 N.W. 7TH COURT. APT. #323
LANTANA FL 33462
US

2. Principal Place of Business

2a. Mailing Address

21 145 ATLANTIS BLVD. 26 145 ATLANTIS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. 207

27 Apt. 207

City & State

City & State

23 ATLANTIS, FL

28 ATLANTIS, FL

Zip

Country

Zip

Country

24 33462

25 Palm Beach

29 33462

30 Palm Beach

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1989

3a. Date of Last Report

03/08/1995

4. FFI Number

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

10. Name and Address of New Registered Agent

SCHROER, PAUL

4735 N.W. 7TH COURT, APT. #323 145 ATLANTIS BLVD.
LANTANA FL 33462 Apt. 207
ATLANTIS, FL 33462

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 the corporation

(NOTE: If signed Agent Signature is required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
SCHROER, PAUL
STREET ADDRESS 4735 N.W. 7TH COURT, APT. #323
CITY-STATE-ZIP LANTANA FL 33462

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

145 ATLANTIS BLVD. Apt. 207
ATLANTIS, FL 33462

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 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:

PAUL SCHROER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96

Daytime Phone #

CR2E034 (12/95)