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95 MAY -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **L61953** **(0)**

1. Corporate Name
SCHOENTHAL REMODELING & DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
% 5731 N.E. 17TH TERRACE FORT LAUDERDALE FL 33334	% 5731 N.E. 17TH TERRACE FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1990	3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0193907	☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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

9. Name and Address of Current Registered Agent

SCHOENTHAL, ROBERT M.
5731 N.E. 17TH TERRACE
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

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 (Typed or Printed Name of Registered Agent and Title if Applicable) (Registered Agent's Signature Required if Changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☐ Change ☐ Addition
1 NAME	SCHOENTHAL, ROBERT M.	1 NAME	
1 STREET ADDRESS	5731 N.E. 17TH TERRACE	1 STREET ADDRESS	
1 CITY ST ZIP	FORT LAUDERDALE FL	1 CITY ST ZIP	
2 TITLE		2 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
2 STREET ADDRESS		2 STREET ADDRESS	
2 CITY ST ZIP		2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We 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 1, 7, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Robert Schoenthal Pres. 4-26-95 (305)560 2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

0434984 FP