



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N00094 1. Entity Name BERNARD SCHONINGER FOUNDATION, INC.		
Principal Place of Business 6401 SW 87 AVENUE SUITE 210 MIAMI, FL 33173 US	Mailing Address 6401 SW 87 AVENUE SUITE 210 MIAMI, FL 33173 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAVOUKJIAN, MICHAEL E 200 S. BISCAYNE BOULEVARD STE 4900 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000143271 04/30/04-80085-010 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAUL, DONALD B 6401 SW 87TH AVENUE, SUITE 210 MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALSPEIS, S. PHILIP 6319 NW 24 STREET BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SANDSTROM, FREDERICK H 220 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-27-04 305-270-0880 <small>Date Daytime Phone #</small>