FILE NOW: FILING FEE IS \$61.25				FILED		
	NPROFIT	FLORIDA DEPAR	TMENT OF STATE	May 13	1997 8:0	)0ar
	PORATION		Mortham	-		
	1997	<b>7</b> .7	y of State ORPORATIONS	Secreta	ry of St	ale
OCUN Corporation	MENT # N4459	0 (0)	* <u></u>			
•	SCHNEIDER FOUNDATION	, INC.				<b></b>
ncinal Place	a of Business	Mailing Address				
XII S. ORANG		5108 S. ORANGE				
Lando FL 3;	2809	ORLANDO FL 32809-3020 US		3. Date incorporated or Qualified	3a. Date of Last R	eport
Principal Pl	ace of Business	2a. Mailino Address		08/05/1991 4. FEI Number	04/18/199	plied For
Suite, Apt		26 Suite, Apt. #, etc.		59-3086942	No No	t Applicabl
	·	27 City & State		5. Certificate of Status Desired	Fee Re	periup
City & State		26		6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	Zip 29	Country 30	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	r intangible tay under s. Yes <b>X</b> No	199.032,
·······	9, Name and Address of Curren		81 Name	10. Name and Address of New R	egistered Agent	
TRICKEL	, WILLIAM, JR.		82 Street Add	Thomas W. Riggs dress (P.O. Box Number is Not Accepta	hle)	
39 W Pil	NE ST			5108 S Orange Avenue		
ORLAND	O FL 32801		83	·····		
			84 City		FL B5 Zip (	
				a . 1 3 .		200
I. Pursuant t	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	es, the above-named co	Orlando	purpose of changing its	s régistere
<ul> <li>Pursuant t office or re agent Lai</li> </ul>	to the provisions of Sections 617.050 agister of agent, or both, in the State artificial with, and accept the obligation of the obligation	2 and 617.1508, Florida Statute of Florida, Such change was a ations of, Section 617.0503, Flo	es, the above-named co uthorized by the corpor rida Statutes.	Dr1 and poration submits this statement for the ation's board of directors. I hereby accu	purpose of changing its ppt the appointment as	og s registered registered
GNATURE _	Signature, typed or printed name of registered sper	nl and title if applicable. (NOTE	is, the above-named co uthorized by the corpore rida Statutes.	ulred when reinstating)	purpose of changing it apt the appointment as 4/29/97 DATE	
GNATURE _	Signature, typed or printed name of registered age OFFICERS AND	nl and title if applicable. (NOTE D DIRECTORS	Registered Agent signature req		purpose of changing it opt the appointment as 4/29/97 DATE ICERS AND DIRECTOR	IS IN 12
GNATURE _	Signature, typed or printed name of registered sper	nl and title if applicable. (NOTE	: Registered Agent signature req	ulred when reinstating)	purpose of changing it apt the appointment as 4/29/97 DATE	IS IN 12
GNATURE _	Signature: types or printed name of registered aper OFFICERS AND PD RIGGS, THOMAS W. 428 OAKLYNN DR	nl and title if applicable. (NOTE D DIRECTORS	:: Registered Agent signature req 13. 1.1 TITLE	ulred when reinstating)	purpose of changing it opt the appointment as 4/29/97 DATE ICERS AND DIRECTOR	IS IN 12
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