

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000060535 (0)**

1. Corporation Name

KEN SCHNEIDER, INC.



Principal Place of Business 1642 MEDICAL LANE SUITE B FT. MYERS FL 33907 US	Mailing Address 1642 MEDICAL LANE SUITE B FT. MYERS FL 33907-1109 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/25/1993	3a. Date of Last Report 02/13/1996
4. FEI Number 65-0433857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHNEIDER, KEN 1619-2 PARK MEADOWS DR FT MYERS FL 33807	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE SCHNEIDER, JUDITH 1619-2 PARK MEADOWS DR FT MYERS FL	1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition SCHNEIDER, Judith 5021 SW 11th CT CAPE CORAL, FL 33914
NAME SCHNEIDER, KEN	<input type="checkbox"/> DELETE SCHNEIDER, KEN 1619-2 PARK MEADOWS DR FT MYERS FL	2.1 TITLE VST	<input type="checkbox"/> Change <input type="checkbox"/> Addition SCHNEIDER, KEN 5021 SW 11th CT CAPE CORAL, FL 33914
STREET ADDRESS 1619-2 PARK MEADOWS DR		2.2 NAME SCHNEIDER, KEN	
CITY-ST-ZIP FT MYERS FL		2.3 STREET ADDRESS 5021 SW 11th CT	
CITY-ST-ZIP FT MYERS FL		2.4 CITY-ST-ZIP CAPE CORAL, FL 33914	
CITY-ST-ZIP FT MYERS FL		3.1 TITLE SCHNEIDER, KEN	
CITY-ST-ZIP FT MYERS FL		3.2 NAME SCHNEIDER, KEN	
CITY-ST-ZIP FT MYERS FL		3.3 STREET ADDRESS 5021 SW 11th CT	
CITY-ST-ZIP FT MYERS FL		3.4 CITY-ST-ZIP CAPE CORAL, FL 33914	
CITY-ST-ZIP FT MYERS FL		4.1 TITLE SCHNEIDER, KEN	
CITY-ST-ZIP FT MYERS FL		4.2 NAME SCHNEIDER, KEN	
CITY-ST-ZIP FT MYERS FL		4.3 STREET ADDRESS 5021 SW 11th CT	
CITY-ST-ZIP FT MYERS FL		4.4 CITY-ST-ZIP CAPE CORAL, FL 33914	
CITY-ST-ZIP FT MYERS FL		5.1 TITLE SCHNEIDER, KEN	
CITY-ST-ZIP FT MYERS FL		5.2 NAME SCHNEIDER, KEN	
CITY-ST-ZIP FT MYERS FL		5.3 STREET ADDRESS 5021 SW 11th CT	
CITY-ST-ZIP FT MYERS FL		5.4 CITY-ST-ZIP CAPE CORAL, FL 33914	
CITY-ST-ZIP FT MYERS FL		6.1 TITLE SCHNEIDER, KEN	
CITY-ST-ZIP FT MYERS FL		6.2 NAME SCHNEIDER, KEN	
CITY-ST-ZIP FT MYERS FL		6.3 STREET ADDRESS 5021 SW 11th CT	
CITY-ST-ZIP FT MYERS FL		6.4 CITY-ST-ZIP CAPE CORAL, FL 33914	

14. I do 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 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 registered agent 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, changed, or on an attachment with an address.

SIGNATURE:

Ken Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

(941) 936-1115

0399181

CR2E034 (9/96)