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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000020928 (4)

SCHGAL, INC.

1. Corporation Name

APPROVED AND FILED

1396 MAY 22 PH 12: 119

SECRETARY OF STATE TALLARASSEE, FLORIDA



Principal Place of Business	1 de la			
	Mailing Address			
3310 NE 57TH CT 3310 NE 57TH CT FT LAUDERDALE FL 33308 FT LAUDE		08		
			Date Incorporated or Qualified	3a. Date of Last Report
			03/15/1995	Date of East Heport
2. Principal Piace of Business			4. FEI Number	Applied For
21 350 S. County Rd.			65-0573527	Not Applicable
Suite, Apt. #, etc.	The state of the s		5. Cortificate of Status Desired	\$8.75 Additional
	The state of the s			Fee Hequired
Palm Beach, FL	28 Palm Beach, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	
24 33480 25 Palm Beach		o Palm Beach	Florida Statutes	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. B1 Name F			Fred C. Cohen	
			ddress (P.O. Box Number is Not Acceptable) 712 U.S. Highway Une	
1201 HAYS STREET				
SUITE 105 TALLAHASSEE FL 32301			Fourth Floor	
TALLAMASSEE PL 32301		84 City Non	th Palm Beach,	FL 85 Zio Code 33408
11. Pursuant to the provisions of Sections 697.5502 a	and 607.1/508, Florida Statutes,	the above-named corp	oration submits this statement for the purp	ose of changing its registered office
Pursuant to the provisions of Sections 667 6502 a or registered agent, or both, in the State of Morida familiar with, and accept the edited for of Sections	. Sugn grange was authorized in 60°.0005. Florida Statutes.	by the corporation's bo	ard of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURE Signature, by of or particular no in of regulated agent a	1100	Fred C.	Cohen	5/20/96
Signature, type of printed riable, of psychological agent a OFFICERS AND	d trial applicable (NOTE: I	Registered Agent signature requi	· · · · · · · · · · · · · · · · · · ·	COATE G
	XX DELETE	13.	ADDITIONS/CHANGES TO OFFICE D/P	ERS AND DIRECTORS IN 12 Change Addition
NAME D/P Martin Schwartz c/	o Linda Cona Eso.		Luigi Gandolfo	Change D Addition
STREET ADDRESS 100 N.E. #3rd Ave.,	Ste 1100	1.3 STREET ADDRESS	21695 Altamira Ave.	5
CITY-ST-ZIP Ft. Lauderdal, e FL	33301-1146	1.4 CITY-ST-ZIP	Boca Raton, FL 33433	ι <u>Σ</u>
TITLE D/S/T	XX) DELETE	2 1 TITLE		Change Addition
NAME Brian Gaines c/o	Inda Conahan, Es	2 2 NAME	EUUU	Change Addition
STREEL ADDRESS 100 N.E. 3rd Ave.	. Ste 1100	2 3 STREET ADDRESS		96-01088-007
CITY-SI-ZIP Ft. Lauderdal,e F	L 33301-1146	24 CITY - ST-ZIP	非常非常[2]	5.00 ****225.00
TITLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME	(CON 177 's 477 ON 57 '	
STREET ADDRESS		3.3. STREET ADDRESS		90-01088-008
CITY-ST-ZIF	Ada bad	3.4 CHY-S1-ZIP		
TITLE	DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS				·
C(1Y-S1-ZIP	FT COLLETT	4.4 C/TY - ST - Z/P 5. 1 TITLE		
THE	☐ DELETE			Change Addition
NAME.		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	DELETE	5.4 CITY - ST - ZIP		C) Change CT Addition
NAME	F" DETELL	6. 1 THTLE 6.2 NAME		Change Addition
STREET ADDRESS		6.3 STREET ADDRESS		1/3/1910
CTY-ST-ZIP				15P AU
14. I do hereby certify that the information supplied wi	h this filing is sountarily furnished	■ 6.4 CITY-S1-ZIP ed and does not qualify	for the exemption stated in Section 119.07	

4. I do hereby certify that the information supplied with this filing least untarily 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 popular supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the coveration of 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

CONSTURE AND TYPED OR PRINTER WAVE OF SIGNING ASSISTED OR DIRECTO

Luigi Gandolfo, Pres/Dir.

Daytime Phone #