**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 # P96000056899

1. Corporation Name
CYNTHIA CAIN SCHOENBERGER, P.A.

Principal Place of Business
1000 So. Alhambra Circle #2
Naples, FL 33940

Mailing Address
P.O. Box 9078
Naples, FL 33941

3. Date Incorporated or Qualified: 7/24/95
3a. Date of Last Report:
4. FEI Number: 65-0579649
Applied For / Not Applicable

2. Principal Place of Business (21): 1000 So. Alhambra Circle
Suite, Apt. #, etc. (22): #2
City & State (23): Naples, FL
Zip (24): 33940
Country (25): USA

2a. Mailing Address (26): P.O. Box 9078
Suite, Apt. #, etc. (27):
City & State (28): Naples, FL
Zip (29): 33941
Country (30): USA

5. Certificate of Status Desired: ✓ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

CYNTHIA CAIN SCHOENBERGER
1000 So. Alhambra Circle #2
Naples, FL 33940

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: CYNTHIA C. SCHOENBERGER, PRESIDENT 4/25/96
(Signature of New Registered Agent, if changed) (Name and Title) (Date)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D/P<br>CYNTHIA CAIN SCHOENBERGER<br>1000 So. Alhambra Circle #2<br>Naples, FL 33940 | [ ] DELETE |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | [ ] DELETE |
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| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | [ ] DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP | | [ ] Change [ ] Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP | V/S/T<br>ARTHUR L. SCHOENBERGER<br>1000 So. Alhambra Circle #2<br>Naples, FL 33940 | [ ] Change [✓] Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP | | [ ] Change [ ] Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP | | [ ] Change [ ] Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP | | [ ] Change [ ] Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP | 400001849334<br>-06/04/96--01022--023<br>***208.75 | [ ] Change [ ] Addition |

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 4/25/96 (941) 434-7279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number
CYNTHIA C. SCHOENBERGER, PRESIDENT

CR2E034 (12/95)