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Feb 14 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056899 (4)

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



Principal Place of Business: 1000 S ALHAMBRA CIR NAPLES FL 33940
Mailing Address: 1000 S ALHAMBRA CIR P.O. Box 9078 NAPLES FL 34103-2637 34101-9078

3. Date Incorporated or Qualified: 07/24/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 3255 TAMiami TRAIL No. Suite, Apt. #, etc. 22
2a. Mailing Address: 26 3255 TAMiami TRAIL No. Suite, Apt. #, etc. 27 P.O. Box 9078
23 NAPLES FLORIDA City & State
28 NAPLES FLORIDA City & State
24 34103 Zip 25 USA Country 29 34101 Zip 30 USA Country
4. FEI Number: 65-0578649
Applied For: Not Applicable
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: SCHOENBERGER, CYNTHIA C 1000 S ALHAMBRA CIR NAPLES FL 33940
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3255 TAMiami TRAIL NORTH 83 84 City NAPLES FL 85 Zip Code 34103

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: [Signature] CYNTHIA SCHOENBERGER 1/22/97
DATE: 1/22/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHOENBERGER, CYNTHIA C | 1.2 NAME | |
| STREET ADDRESS | 1000 S ALHAMBRA CIR | 1.3 STREET ADDRESS | 3255 TAMiami TRAIL NORTH |
| CITY-ST-ZIP | NAPLES FL 33940 | 1.4 CITY-ST-ZIP | NAPLES, FL 34103 |
| TITLE | VST <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHOENBERGER, ARTHUR L | 2.2 NAME | |
| STREET ADDRESS | 1000 S ALHAMBRA CIR | 2.3 STREET ADDRESS | 3255 TAMiami TRAIL NORTH |
| CITY-ST-ZIP | NAPLES FL 33940 | 2.4 CITY-ST-ZIP | NAPLES, FL 34103 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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: [Signature] CYNTHIA SCHOENBERGER 1/22/97 (941)
DATE: 1/22/97
DAYTIME PHONE: 261-6622

CR2E034 (9/96)