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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

DOCUMENT # P96000100835 (3)

1. Corporation Name  
SCHU-NO INC.



Principal Place of Business Mailing Address  
8400 S. TAMiami TRAIL, SUITE 303  
SARASOTA FL 34230-  
8400 S. TAMiami TRAIL, SUITE 303  
SARASOTA FL 34230-8023

2. Principal Place of Business 2a. Mailing Address  
21 427 LAKE OF THE WOODS 26 427 LAKE OF THE WOODS  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 VENICE/FL 28 VENICE/FL  
Zip Country Zip Country  
24 34293 25 34293 29 34293 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
12/13/1996  
4. FEI Number Applied For  
65-0714983 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution 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

~~JAENGOH, PETER J~~  
~~8400 S. TAMiami TRAIL, SUITE 303~~  
~~SARASOTA FL 34230~~

10. Name and Address of New Registered Agent

81 Name JUERGEN SCHABERICK  
82 Street Address (P.O. Box Number is Not Acceptable)  
427 LAKE OF THE WOODS DR.  
83  
84 City VENICE FL 85 Zip Code 34293

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 JUERGEN SCHABERICK

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	SCHUEMANN, WERNER	427 LAKE OF WOODS DR.	VENICE FL 34293	<input type="checkbox"/>
D	SCHUEMANN, ERIKA	427 LAKE OF WOODS DR.	VENICE FL 34293	<input type="checkbox"/>
D	NOBIS, PAUL	427 LAKE OF WOODS DR.	VENICE FL 34293	<input type="checkbox"/>
D	NOBIS, GABRIELE	427 LAKE OF WOODS DR.	VENICE FL 34293	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 0000114

CR2E034 (9/96)