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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
427 LAKE OF THE WOODS VENICE FL 34293 US	427 LAKE OF THE WOODS VENICE FL 34293 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1996

2. Principal Place of Business	2a. Mailing Address
21 1858 Ringling Blvd.	26 1858 Ringling Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, Fl.	City & State 28 Sarasota, Fl.
Zip 24 34236 Country 25 USA	Zip 29 34236 Country 30 USA

4. FEI Number: 65-0714983 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHABERICK, JUERGEN 427 LAKE OF THE WOODS DR VENICE FL 34293	81 Name: Renea M. Glendinning 82 Street Address (P.O. Box Number is Not Acceptable) 83 1858 Ringling Boulevard 84 City: Sarasota FL 85 Zip Code: 34236

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: Renea M. Glendinning 4/28/98
Signature, type or print name of person with authority to sign (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHUEMANN, WERNER		1.2 NAME	
STREET ADDRESS	427 LAKE OF WOODS DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHUEMANN, ERIKA		2.2 NAME	
STREET ADDRESS	427 LAKE OF WOODS DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34293		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NOBIS, PAUL		3.2 NAME	
STREET ADDRESS	427 LAKE OF WOODS DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NOBIS, GABRIELE		4.2 NAME	
STREET ADDRESS	427 LAKE OF WOODS DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I 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 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 added by this report with an address.

SIGNATURE: [signature] 4/28/98 (941) 365-4617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)