FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000035756 (0)

KAREN SCHOENHALS, INC.									
Principal Plac	ce of Business	Mailing Address						E FOREINDE LIN INIEL FEORE ROSTE DRIEL DRIEL DE LAN 11191 MENT MONDE DI 110 CITE 1801	
321 SOUTHEAST 15 AVENUE #A2 DEERFIELD BEACH FL 33441				321 SOUTHEAST 15 AVENUE #A2 DEERFIELD BEACH FL 33441					DO NOT WRITE IN THIS SPACE
								ļ	3. Date Incorporated or Qualified
9 Principal F	iling Addrson	a Addross				04/21/1997 4. FEI Number Applied For			
21 Filliopa 7	Place of Business	2a. Mailing Address						4. FEI Number Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						CO 75 A 4441
22			27						5. Certificate of Status Desired Fee Required
City & State			City & State						6. Election Campaign Financing \$5.00 May Be
23			28						Trust Fund Contribution
Zip	Country		· ·	——————————————————————————————————————		untry			8. This corporation owes or has paid the current year Intangible
24	25 25 25 Name and Address of Current				30	0]			Personal Properly Tax due June 3D. Yes No 10, Name and Address of New Registered Agent
		····	10gistoio	u Agoin		81	Name		ID. Wante allo Accubes of from Hogistereo Agent
SCHOENHALS, KAREN 321 SOUTHEAST 15 AVENUE #A2									
	i Su utheast 1: E rrie ld Beach				82	Street	Address (P.O. Box Number is Not Acceptable)		
	ENMELD DEACH	1 5 33441				83			The second secon
						84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 607.0506, Florida Statutes.									
SIGNATURE									
	Signature, typod or printer	nume of registered agent				<u> </u>	nt signature	required	when reinstating) DATE
12. TITLE	<u> </u>	OFFICERS AND	DIRECTO	DELETE	13.	ITLE		T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	-	MADEN		C Descrit		NAME			EJ Change EJ Rodition
NAME STREET ADDRESS 321 SOUTHEAST 15 AVENUE			#AO			-	ADDRESS		
CITY-ST-ZIP DEERFIELD BEACH FL 33441			#MZ			1.3 STREET ADDRESS 1.4 CITY-S1-ZIP			
TITLE	DELINI ILLED DI	-NOTT 1 - 00441		DELETE	2.11		1-211		Change Addition
NAME	}					NAME	1	1	
STREET ADDRESS	j						ADDRESS		
CITY-ST-ZIP						2. 4 CITY - ST - ZIP			
TITLE				DELETE	3.1 7				Change Addition
NAME					3.2 M	NAME -		ì	·
STREET ADDRESS					3.3 5	STREET	ADDRESS		
CITY-ST-ZIP			···		3.4.	CITY-S	1 · ZIP		
TITLE				☐ DFTE1E	4.11	ITLE		1	☐ Change ☐ Addition
NAME					4. 2	NAME			
STREET ADDRESS					4.3 9	STREET	address		·
CITY-ST-ZIP						CITY-S	T- ZIP		
TITLE	l			DELETE	5.1 T		;	1	Change Addition
NAME	1					NAME			
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP TITLE				DELETE	61 T	OTUE	i - 50.		☐ Change ☐ Addition
NAME				ATT SECUL		VAME		[C outrigo D Addition
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP						XTY-SI			

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 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 13 if changed, or on an attachment with an address.

4/21/08

FILED

May 11 1998 8:00am

Secretary of State