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FILED
May 16 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 # S74922 (3)
1. Corporation Name
THE SCHRIVER COMPANY, INC.



Principal Place of Business
14021 S.W. 92ND AVE.
MIAMI FL 33176

Mailing Address
14021 S.W. 92ND AVE.
MIAMI FL 33176-7117

3. Date Incorporated or Qualified
08/21/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
14021 S.W. 92ND AVE.
Suite, Apt. #, etc.

2a. Mailing Address
14021 S.W. 92ND AVE.
Suite, Apt. #, etc.

22. City & State
Miami FL

27. City & State
Miami FL

23. Zip
33176

28. Zip
33176

24. Country
DADE

30. Country
DADE

9. Name and Address of Current Registered Agent

KISSANE, JOSEPH T.
200 SOUTH BISCAYNE BLVD.
SUITE 9500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	SOHRIVER, MARGARET J.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		14021 S.W. 92ND AVE		1.2 NAME			
STREET ADDRESS		MIAMI FL		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	SCHRIVER, JOSEPH A.	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		14021 S.W. 92ND AVE		2.2 NAME			
STREET ADDRESS		MIAMI FL		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	D	REED, WILLIAM	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		9250 S.W. 138TH ST CIR		3.2 NAME			
STREET ADDRESS		MIAMI FL		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	D	SCHRIVER, TIMOTHY E.	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		11200 S.W. 107TH AVE		4.2 NAME			
STREET ADDRESS		MIAMI FL		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	D	SCHRIVER, MICHAEL A.	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		10850 N. KENDALL DR		5.2 NAME			
STREET ADDRESS		MIAMI FL		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	D	SCHRIVER, KABRINA M.	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		14021 S.W. 92ND AVE		6.2 NAME			
STREET ADDRESS		MIAMI FL		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: Margaret J. Schriver
305-251-8967
4-21-97

CR2E034 (9/96)