FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (3) SCHOEN INTERNATIONAL, INC. Principal Place of Business Mailing Address 12273 UNIVERSITY BLVD. 12273 UNIVERSITY BLVD. ORLANDO FL 32817 ORLANDO FL 32817 3. Date Incorporated or Qualified 3a. Date of Last Report 10/02/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 12273 Vairesity Bluck 26 59-3144338 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Ζφ 8. This corporation has liability for intangible tax under s 199.032. Country 24 Name and Address of Current Registered Agent 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 81 Name SCHOEN, JOHN E. 82 Street Address (P.O. Box Number is Not Acceptable) 12273 UNIVERSITY BLVD. ORLANDO FL 32817 83 64 City Zip Code 85 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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am accept they obligations of Section 607,0505, Florida Statutes. 100 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE DELETE 1.1 T. D. F. Change ☐ Add-tion NAME SCHOEN, JOHN E. 1.2 NAME STREET ADDRESS **552 WILMINGTON CIRCLE** 1.3 STREET ADDRESS **OVIEDO FL 32765** CITY - ST - ZIP 14 CHY+ST-ZIP TITLE [] DECETE 2 TITLE Change Addition SCHOEN, JANE K NAME 2.2 NAME STREET ADDRESS **552 WILMINGTON CIRCLE** 2.3 STREET ADDRESS **OVIEDO FL 32765** CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3 1 Till: E Change Addition NAME SCHOEN, MAE 3.2 NAME STREET ADDRESS **552 WILMINGTON CIRCLE** 3.3 STREET ADDRESS OVIEDO FL 32765 C!TY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP THILE DELETE 5 1 T-TLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-2IP 5.4 CHY - \$1 - ZIP TITLE DELETE 6 1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CiTY - ST - 2iP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arrival 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

> HOLL BIGNING OFFICER OR DIRECTOR

SIGNATURE: