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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 4325

(2)

STOTTLER STARMER & ASSOCIATES, ARCHITECTS, ENGIN EERS, PLANNERS, INC. FILED Apr 24 1996 8:00 am Secretary of State



Principal Place of	D .:	1 (63%) E1000 titte inot erite eine eint eint eint eint eint eint e			
•		Mailing Address 8680 N ATLANTIC	ANTABIE		
8680 N ATLANTIC AVENUE 8680 N AT CAPE CANAVERAL FL 32920 CAPE CAN					
CAPE CANAV	ERAL PL 32320	ON E ON WILLIAM	11 0000	3. Date Incorporated or Qualified	3a. Date of Last Report
				08/09/1973	02/13/1995
, Principal Place	of Business	2a. Mailing Address		4, FEI Number	Applied For
		26		59-2734745	Not Applicable \$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
City II Chala		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inte	
	25	29	30	Florida Statutes Yes	
	g, Name and Address of Curren	t Registered Agent		10. Name and Address of New Rec	gistered Agent
			81 Name		
STOTTLER, RICHARD H. JR.			82 Street Ad	eet Address (P.O. Box Number is Not Acceptable)	
8680 N. ATLANTIC AVENUE			B3		
CAPE C	ANAVERAL FL 32920				
			84 City		FL 85 Zip Code
1 Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida State	ites, the above-named corp	oration submits this statement for the purpo pard of directors. Thereby accept the appoin	ose of changing its registered bit
2.	grature hypeolor printed name of registrical agent OFFICERS AN	D DIRECTORS	NOT: Bug sheet Aquest signal incithos 13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TLE	VTD	DELETE	1 1 TITLE		☐ Calarids ☐ Muorito
AME	MCLOUTH, MALCOLM E.		1.2 NAME		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07 (s)(k), Fronce Statutes, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 (401)783-1321