

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G21553** (4)

1. Corporation Name
PIOWATY ENTERPRISES, INC.



Principal Place of Business: **8005 S. INDIAN RIVER DRIVE FORT PIERCE FL 34982**
Mailing Address: **8005 S. INDIAN RIVER DRIVE FORT PIERCE FL 34982**

2. Principal Place of Business: 21 **13939 Indrio Road** Suite, Apt. #, etc.
22 **Fort Pierce, Florida**
23 **34945** 24 **USA**
25 **USA**
26 **13939 Indrio Road** 27 **Fort Pierce, Florida**
28 **34945** 29 **USA**
30 **USA**

9. Name and Address of Current Registered Agent

**PIOWATY, JAMES W.
8005 S. INDIAN RIVER DRIVE
FT. PIERCE FL 34982**

3. Date Incorporated or Qualified: **02/03/1983**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2258685**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

81 Name: **FRANK H. FEE, III**
82 Street Address (P.O. Box Number is Not Acceptable): **401-A South Indian River Drive**
83
84 City: **Fort Pierce** 85 Zip Code: **FL 34950**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Frank Fee III*

DATE: **April 3, 1996**

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input checked="" type="checkbox"/> DELETE
2. NAME	PIOWATY, JAMES W	
3. STREET ADDRESS	8005 S INDIAN RV DR	
4. CITY- ST- ZIP	FT. PIERCE FL	
5. TITLE	D	<input checked="" type="checkbox"/> DELETE
6. NAME	PIOWATY, DEBORAH	
7. STREET ADDRESS	8005 S.INDIAN RIVER DR.	
8. CITY- ST- ZIP	FT. PIERCE FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRES/DIR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	BROWN, EDGAR A.	
3. STREET ADDRESS	13939 INDRIO ROAD	
4. CITY- ST- ZIP	FORT PIERCE, FL 34945	
5. TITLE	SECY/DIR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	SCOTT, DAN C.	
7. STREET ADDRESS	1901 S. INDIAN RIVER DRIVE	
8. CITY- ST- ZIP	FORT PIERCE, FLORIDA 34950	
9. TITLE	TREAS/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	JACOBS, DARYL	
11. STREET ADDRESS	13939 INDRIO ROAD	
12. CITY- ST- ZIP	FORT PIERCE, FLORIDA 34945	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY- ST- ZIP		

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 119.07(3)(k), 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: *Edgar A. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **Apr. 3, 1996** (407) 461-5020

CR2E034 (12/95)