

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G41938** (3)

1. Corporation Name

TRUDO LETSCHERT CORPORATION



Principal Place of Business

1230 SEA PLUME WAY
SARASOTA FL 34242

Mailing Address

1230 SEA PLUME WAY
SARASOTA FL 34242

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified
06/02/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2316178

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

**LETSCHERT, TRUDO
1230 SEA PLUME WAY
SARASOTA FL 34242**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0109, Florida Statutes.

SIGNATURE

41. If Registered Agent, print name and address of

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE	PST	<input type="checkbox"/> DELETE
11.2 NAME	LETSCHERT, TRUDO	
11.3 STREET ADDRESS	1230 SEA PLUME WAY	
11.4 CITY-STATE-ZIP	SARASOTA FL	
11.5 TITLE	D	<input type="checkbox"/> DELETE
11.6 NAME	LETSCHERT, TRUDO	
11.7 STREET ADDRESS	1230 SEA PLUME WAY	
11.8 CITY-STATE-ZIP	SARASOTA FL	
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-STATE-ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-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 successor 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

Trudo Letschert

2/14/96

941-366-9573

CR2E034 (12/95)