

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Suzanna B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J90380 (3)**

**1. Corporation Name**  
6024 26TH STREET WEST, INC.



**Principal Place of Business**  
% EDWARD VOGLER, II  
1001 THIRD AVENUE, SUITE #480  
BRADENTON FL 34205

**Mailing Address**  
% EDWARD VOGLER, II  
1001 THIRD AVENUE, SUITE #480  
BRADENTON FL 34205

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25** **29** **30**  
**9. Name and Address of Current Registered Agent**

**VOGLER, EDWARD, II**  
802 11TH STREET, WEST  
BRADENTON FL 34205

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

**3.** Date Incorporated or Chartered **08/31/1987** **3a.** Date of Last Report **05/01/1995**  
**4.** FEI Number **59-2837305** 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  
**10. Name and Address of New Registered Agent**

SIGNATURE

**12. OFFICERS AND DIRECTORS**

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	OLSON, RICHARD S.	
STREET ADDRESS	1001 THIRD AVENUE, #480	
CITY, ST, ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**13.**

13.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS		
13.3 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME		
13.5 STREET ADDRESS		
13.6 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME		
13.8 STREET ADDRESS		
13.9 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14.** I do hereby certify that the information supplied for this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this form is correct or is supplemented annually by the corporation 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 and authorized to execute this report as required by Chapter 689, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is otherwise connected with an officer.

**SIGNATURE:**

*Richard S. Olson* **Richard S. OLSON 4/15/96 941-748-8216**  
SIGNATURE AND TITLE OF CURRENTLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)