

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K99465** (2)

1. Corporation Name:  
**ALTAMONTE FOOD & FUEL, INC.**



Principal Place of Business  
**109 E. ALTAMONTE DR.  
ALTAMONTE SPRINGS FL 32701**

Mailing Address:  
**713 GOLF POINT DRIVE  
WINTER SPRINGS FL 32708  
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

**KAREN RUTIGLIANO  
713 GOLF POINT DRIVE  
WINTER SPRINGS FL 32708**

81 Name

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

**713 Golfpoint Drive**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 and 607.1508, Florida Statutes, the undersigned, as a duly authorized officer or registered agent, or both, in the State of Florida, such changes as are authorized by the Florida Statutes, and accept the obligations set forth in Section 607.0205, Florida Statutes.

The undersigned corporation submits this statement for the purpose of changing its registered office and its registered agent. I hereby accept the appointment as registered agent. I am

SIGNATURE

*Karen Rutigliano*

*Karen Rutigliano*

*4/15/96*

12. OFFICERS AND DIRECTORS

12. TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	13. <input type="checkbox"/> DELETE
D	RUTIGLIANO, CARLO	713 GULFPOINT DRIVE	WINTER SPRINGS FL	<input type="checkbox"/> DELETE
D	WISEMAN, BARBARA	704 IRONWOOD CT	WINTER SPRINGS FL	<input type="checkbox"/> DELETE
D	WISEMAN, DONALD A.	704 IRONWOOD CT	WINTER SPRINGS FL	<input type="checkbox"/> DELETE
D	RUTIGLIANO, KAREN	713 GULFPOINT DRIVE	WINTER SPRINGS FL	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	14. <input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports has and is accurate and that my signature shall have the same legal effect as if made under oath. 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 (change) or on an attachment with an address.

SIGNATURE: *Karen Rutigliano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/96* *407-831-6984*

CR2E034 (12/95)