

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L82864** (4)

1. Corporation Name

HOLD-THYSSEN, INC.



Principal Place of Business

**1230 HILLCREST STREET, #104
ORLANDO FL 32803**

Mailing Address

**1230 HILLCREST STREET, #104
ORLANDO FL 32803**

3. Date Incorporated or Qualified

06/22/1990

3a. Date of Last Report

07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

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City & State

23

Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

**WHITE, ROBERT E. JR.
225 EAST ROBINSON STREET
SUITE 620
ORLANDO FL 32801**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Registered Agent

Signature of New Registered Agent (Required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
HOLD, ROBERT P.
1230 HILLCREST ST. S-104
ORLANDO FL
D
THYSSEN, PETER
1230 HILLCREST ST. S-104
ORLANDO FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
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91. STREET ADDRESS
92. CITY, ST, ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

☐ Change ☐ Addition

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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 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 registered 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 in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert P. Hold, President 01/30/96 407-896-0800

CR2E034 (12/95)