## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

N33773 DOCUMENT #

(5)

INTERSTATE LAKE INDUSTRIAL PARK OWNERS ASSOCIATI ON, INC.

Principal Place of Business		Mailing Address		1 indaires, man trann stiet innis janub trei didti dibit nibit bibit bibit bibit	
C/O KLOSNER. J. RUSSELL 4023 SAWYER ROAD SARASOTA FL 34233		C/O KLOSNER. J. RUSSELL 4023 SAWYER ROAD SARASOTA FL 34233			
		•		3. Date Incorporated or Qualified 08/17/1989	3a. Date of Last Report 04/21/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2965932	Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<b>;</b>	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30	This corporation has liability for in Florida Statutes	itangible tax under s. 199,032, ] Yes □ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
4023 SA	L, KLOSNER J. WYER ROAD ITA FL 34233	•	81 Name 82 Street Add	lress (P.O. Box Number is Not Acceptable	)
44.5			84 City		FL 85 Zip Code
or registere	o the provisions of Sections 617.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	onda. Such change was authori:	zed by the corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title it applicable (Ni	OTE: Registered Agent signature requir	ed whoe most sheet	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD	DELETE	11 TITLE	ALEETING GIVAGES TO GITE	Change Addition
NAME	Klosner, J. Russell	F.J	1.2 NAME		Addition
	4023 SAWYER ROAD				
STREET ADDRESS	SARASOTA FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VSD		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change
NAME	ALLEN, STEPHEN T.		2 2 NAME		
STREET ADDRESS	4023 SAWYER ROAD		2 3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2 4 CITY - ST - ZIP		
TITLE	D	DELETE	3 1 TITLE		Change Addition
NAME	Klosner, Sueann		3.2 NAME		
STREET ADDRESS	4023 SAWYER RD.		3 3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL				
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME					Change C Addition
			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		The exe	44 CHTY - ST - ZIP		
TITLE	•	☐ DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
14 Ldo bereb	y partify that the information simplica	d with this filing is untusted if	6.4 DITY-ST-ZIP	for the exemption stated in Section 119.0	7/0/63 50: 11-50:
certify that	the information indicated on this an	nual report or supplemental ann	iual report is true and accur	ior the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 617, Fior	ame legal effect so if made under

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 941 921 1097 Date Dayting Phone #