

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N36977 (9)**
1. Corporation Name

SOCIETY FOR THE TECHNOLOGICAL ADVANCEMENT OF REPORTING, INC.



Principal Place of Business: 222 S. WESTMONTE DR. #101 ALTAMONTE SPRINGS FL 32714
Mailing Address: P.O. BOX 150127 ALTAMONTE SPRINGS FL 32715

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 94-2927561
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

KAUTTER, TINA
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, DONNA	
STREET ADDRESS	600 N PEARL ST LB 181	
CITY - ST - ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, BETH	
STREET ADDRESS	5450 TELEGRAPH RD #100	
CITY - ST - ZIP	VENTURA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUTTER, TINA	
STREET ADDRESS	222 S WESTMONTE DR	
CITY - ST - ZIP	ALTAMONTE SPGS FL 32714	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAPPENY, BARBARA	
STREET ADDRESS	295 DEVONSHIRE ST.	
CITY - ST - ZIP	BOSTON MA 02110	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHINDHELM, JOHN	
STREET ADDRESS	152 W. WISCONSIN AVE.	
CITY - ST - ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAPPAS, URSULA	
STREET ADDRESS	710 5TH AVE. #1000	
CITY - ST - ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Webb, Laurie
4.3 STREET ADDRESS	517 S 9th St.
4.4 CITY - ST - ZIP	Las Vegas, NV 89101
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Durtschi, Charles
5.3 STREET ADDRESS	2414 N Akard, #600
5.4 CITY - ST - ZIP	Dallas, TX 75201
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martine E. (Tina) Kautter* 4/23/96 407-774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)