

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000032474 (5)**

1. Corporation Name

RALPH'S PLACE OF CAPE CORAL, INC.



Principal Place of Business

**5129 SUNNYBROOK CT.
CAPE CORAL FL 33904**

Mailing Address

**5129 SUNNYBROOK CT.
CAPE CORAL FL 33904**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**KROUSE, BARBARA J
5129 SUNNYBROOK CT.
CAPE CORAL FL 33904**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1502, 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. See F-Change, you authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report

Signature of the person authorized to sign this report

(Date)

12. OFFICERS AND DIRECTORS		
12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	KROUSE, BRUCE E	
12.3 STREET ADDRESS	5129 SUNNYBROOK CT.	
12.4 CITY, ST, ZIP	CAPE CORAL FL 33904	
12.5 TITLE	D	<input type="checkbox"/> DELETE
12.6 NAME	KROUSE, BARBARA J	
12.7 STREET ADDRESS	5129 SUNNYBROOK CT.	
12.8 CITY, ST, ZIP	CAPE CORAL FL 33904	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		

14. I hereby certify that the information supplied in this filing is complete, true and correct and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation, the officer or trustee empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am attaching this report with annual fees.

SIGNATURE: *Bruce Krouse* **BRUCE KROUSE PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 9415492040
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