

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000073757 (3)**

1. Corporation Name
1819 ENGLEWOOD ROAD CORPORATION



Principal Place of Business: **1819 ENGLEWOOD ROAD ENGLEWOOD FL 34223**
Mailing Address: **1819 ENGLEWOOD ROAD ENGLEWOOD FL 34223**

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **09/21/1995** 3a. Date of Last Report
4. FEI Number: **65-0619250** Applied For Not Applicable
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 estate tax under S. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KARAMITSOS, JOANNE
1819 ENGLEWOOD ROAD
ENGLEWOOD FL 34223**

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 607.0502 and 607.1503, 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. Thereby, and to the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Director, Secretary, Treasurer, or Agent _____ Date of Signature _____
Signature of Registered Agent _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	<i>P/1/3/D</i>	<input type="checkbox"/> DELETE
NAME	JOANNE KARAMITSOS	
STREET ADDRESS	1819 ENGLEWOOD RD	
CITY- ST- ZIP	ENGLEWOOD, FLA 34223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and given in good faith for the exemption stated in Section 119.07(3)(b), Florida Statutes, to the extent 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 partnership or trust, and agree to provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this form, is not changed, or on an attachment with an address.

SIGNATURE: *J. Karamitsos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 941-474-8753
DATE: _____

CR2E034 (12/95)