

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S75132 (8)**

1. Corporation Name
TENERTEN & DRAKE, INC.



Principal Place of Business Mailing Address
3001 ALOMA AVENUE SUITE #214 WINTER PARK FL 32792 US
455 Douglas Ave Suite 2155-3 Altamonte Springs FL 32714
1002 PEGEL COURT P.O. Box 5030 OVIEDO FL 32765
Winter Park FL 32793

2. Principal Place of Business 2a. Mailing Address
21 *455 Douglas Ave* 26 *P.O. Box 5030*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 *2155-3* 27
City & State City & State
23 *Altamonte Springs FL* 28 *Winter Park, FL*
Zip Country Zip Country
24 *32714* 25 *US* 29 *32793* 30 *US*

3. Date Incorporated or Qualified **08/21/1991** 3a. Date of Last Report **04/14/1995**
4. FEI Number **59-3077680** 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 intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
WOLFSON, PERRY *2228 Pine Park Trail #2615*
1002 PEGEL CT *ORLANDO, FL 32817*
OVIEDO FL 32765
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3001 Aloma Ave #214
83
84 City *Winter Park* FL 85 Zip Code *32792*

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed in block in the space provided below. (NOTE: Registered Agent signature must be printed in block.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1. TITLE 2228 Pine Park Trail #2615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOLFSON, PERRY		2. NAME ORLANDO, FL 32817	
STREET ADDRESS 1002 PEGEL CT		3. STREET ADDRESS P.O. Box 5030	
CITY-STATE-ZIP OVIEDO FL		4. CITY-STATE-ZIP Winter Park, FL 32793	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Perry Wolfson* President Date: *6/12/96* 407 868 5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)