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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S81221** (1)
1. Corporation Name
T.U.P.H. ENTERPRISES, INC.

Principal Place of Business: **433 WALKER ST., #1D HOLLY HILL FL 32117**
Mailing Address: **433 WALKER ST., #1D HOLLY HILL, FL 32117**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/19/1991	04/27/1994
22		27		4. FEI Number	Applied For
23		28		59-3081367	Not Applicable
24		29		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
27		32		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AXELROD, ANCHUL J. 103 A WELLWOOD LN PALM COAST FL 32137				81 Name	Anchul J. Axelrod		
				82 Street Address (P.O. Box Number is Not Acceptable)	5582 Mossy Oak Ln		
				83			
				84 City	Port Orange	85 State	FL

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: *Anchul J. Axelrod* **Anchul Axelrod** **4/3/95**
(Signature typed or printed name of registered agent and the date) (Date) (Registered Agent signature indicated after registration) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELROD, ANCHUL J.	1.2 NAME	Anchul J. Axelrod
STREET ADDRESS	103 A WELLWOOD LN	1.3 STREET ADDRESS	5582 Mossy Oak Ln
CITY - ST - ZIP	PALM COAST FL	1.4 CITY - ST - ZIP	Port Orange FL 32127
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELROD, VIRGINIA J.	2.2 NAME	S
STREET ADDRESS	103 A WELLWOOD LN.	2.3 STREET ADDRESS	5582 Mossy Oak Ln
CITY - ST - ZIP	PALM COAST FL	2.4 CITY - ST - ZIP	Port Orange FL 32127
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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, that I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an attachment.

SIGNATURE: *Anchul J. Axelrod* **4/3/95** **804-238-8874**
(Signature typed or printed name of officer or director) (Date) (Telephone Number)