

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
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**

3. Date Incorporated or Qualified: **09/19/1991**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-3081367**
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. Suite Apt #, etc
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
26. Suite, Apt #, etc
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

**AXELROD, ANCHUL J.
5582 MOSSY OAK LANE
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent

81 Name: **Anchul J. Axelrod**
82 Street Address (P.O. Box Number is Not Acceptable): **5582 Mossy Oak Ln**
83
84 City: **Port Orange** FL 85 Zip Code: **32127**

11. Pursuant to the provisions of Sections 607.002 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE: *Anchul J. Axelrod* 7/28/96

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	AXELROD, ANCHUL J.	
STREET ADDRESS	103 A WELLWOOD LN	
CITY-ST-ZIP	PALM COAST FL	
TITLE	S	<input type="checkbox"/>
NAME	AXELROD, VIRGINIA J.	
STREET ADDRESS	5582 MOSSY OAK LOANE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Anchul Axelrod		
13 STREET ADDRESS	5582 Mossy Oak Ln		
14 CITY-ST-ZIP	Port Orange FL 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 TITLE	S	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	Virginia Axelrod		
23 STREET ADDRESS	5582 Mossy Oak Ln		
24 CITY-ST-ZIP	Port Orange FL 32127	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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, unchanged, or on an attachment with an address.

SIGNATURE: *Anchul J. Axelrod* 7/28/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)