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 #

259016

(4)

EL TORO, INC.

Principal Place of	of Business		ailing Address		<u> </u>	-			
FAGG SHAWVER 2001 S RIDGEWOOD EDGEWATER FL 32141-4220			FAGG SHAWVER 2001 S RIDGEWOOD EDGEWATER FL 32141-4220						
						3. Date Incorporated or Qualified 05/15/1962	03/28/1995		
2. Principal Place of Business			ı. Mailing Address			4. FEI Number	Applied For		
<u>`</u>						59-0971435 Not Applicat			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		27	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
23] -	Country	29	Zip	30 Co	ıntry	8. This corporation has liability for Florida Statutes	intangibie tax	cunders 1	199.032,
24	9. Name and Address of Curr	11	clered Agent	301	T	10. Name and Address of New R	egistered /	igent	
2001 SEDGE	ed agent, or both, in the state of re th, and accept the obligations of, S	ection 607	7.0505, Florida Statutes	i.	84 City ove-named corp corporation's bo	oration submits this statement for the pu pard of directors. I hereby accept the app	FL rpose of cha	noing its re	o Code ogistered office agent. I am
Controller	Signature, byted or printed har is of registered a	grand litera		TE Register		ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS		TT DELETE		TITLE			Change	☐ Addition
TIPLE	PSTD 5400			1	NAME				
NAME	SHAWVER, FAGG			1	STREET ADDRESS				
STREET ADDRESS	2001 S RIDGEWOOD				· · ·				
C(1Y+S1+7)F	EDGEWATER FL		TT DELETE		CITY-ST-ZIP TITLE			Change	Addition
10°LE	VP		III pricit	I -	NAME		_	-	
NAME	SHAWVER, SHARON				1				
STREET ADDRESS	2001 S RIDGEWOOD				STREET ADDRESS				
C(IY-S1-7)P	EDGEWATER FL		רו אנינזי		CITY - ST - ZIP			Change	Addition
TITLE			DELETE				•		
	l .			3.2	NAME				

6.4 CITY-S1-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 certify that I he 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 certify 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 Black 12 or Block 13 if changed, or on an attachment with an address.

33 STREET ADDRESS

3.4 CITY - ST - ZIP

44 CHY-ST-ZIP

5 4 CITY-ST-ZIP

4. 1 TITLE

4.2 NAME 4.3 STREET ADORESS

5 1 TITLE

5 2 NAME 5 3 STREET ADDRESS

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE(X

STREET ADDRESS

STREET ADDRESS

STREET ACCRESS

STREET ACCRESS

CHY-S1-ZIE

THLE

CHY-ST ZP

C-14 S1-7/P

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Day Sterner

e Deytime Phone #

☐ Change

☐ Change

☐ Change

☐ Addition

Addition

☐ Addition

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