

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 397676

(8)

1. Corporation Name

INTERSTATE UTILITIES CORPORATION

Principal Place of Business

3810 ALHAMBRA COURT
CORAL GABLES FL 33134

Mailing Address

3810 ALHAMBRA COURT
CORAL GABLES FL 33134

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

WENCK, JAMES H
3810 ALHAMBRA CT
MIAMI, FL
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/15/1972

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0038031

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.1509, Florida Statutes.

SIGNATURE

Signature of Tax Preparer or Accounting Professional (if applicable)

Signature of Registered Agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	WENCK, JAMES H.	
3. STREET ADDRESS	3810 ALHAMBRA CT	
4. CITY, ST, ZIP	CORAL GABLES FL	
5. TITLE	VD	☐ DELETE
6. NAME	BROWN, DIANE W.	
7. STREET ADDRESS	1041 AVON BLVD	
8. CITY, ST, ZIP	CHESHIRE CO	
9. TITLE	STD	☐ DELETE
10. NAME	MILLIGAN, HELENBETH	
11. STREET ADDRESS	3810 ALHAMBRA CT	
12. CITY, ST, ZIP	CORAL GABLES FL	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. WENCK Feb. 21, 305-680904

CR2E034 (12/95)