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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **403981** (4)
1. Corporation Name
BITTNER PLAZA CORP.



Principal Place of Business
**405 FIREWOOD AVE
EUSTIS FL 32726
US**

Mailing Address
**405 FIREWOOD AVE
EUSTIS FL 32726-5629
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1972	3a. Date of Last Report 04/10/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1447351		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**GAYLORD, FRANK T
801 N. BAY STREET
EUSTIS FL 32728**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

(Signature lines for registered agent and corporation, if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	☐ Change ☐ Addition
NAME	BITTNER, NORBERT S	12. NAME	
STREET ADDRESS	5 E. PENDLETON STREET	13. STREET ADDRESS	
CITY-STATE-ZIP	EUSTIS FL	14. CITY-STATE-ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	BITTNER, DULCIE V	22. NAME	
STREET ADDRESS	5 E. PENDLETON STREET	23. STREET ADDRESS	
CITY-STATE-ZIP	EUSTIS FL	24. CITY-STATE-ZIP	
TITLE	D	31. TITLE	☐ Change ☐ Addition
NAME	BECHTOL, CLARETTA	32. NAME	
STREET ADDRESS	901 N. BAY ST.	33. STREET ADDRESS	
CITY-STATE-ZIP	EUSTIS FL	34. CITY-STATE-ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *N.S. BITTNER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 12, 1997 352-589-1189
Date Daytime Phone #

CR2E034 (9/96)