

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **536769** (3)
1. Corporation Name
PLEIN ENTERPRISES, INC.



Principal Place of Business
**8585 N.W. 118TH TARRES
OCALA FL 34482
US**

Mailing Address
**8585 N.W. 118TH TARRES
OCALA FL 34482
US**

3. Date Incorporated or Qualified: **06/08/1977**
3a. Date of Last Report: **03/28/1995**

4. FLEI Number: **NOT APPLICABLE**
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

2. Principal Place of Business
21 **1956 Brittany Ct.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1956 Brittany Ct.**
Suite, Apt. #, etc.

23 **Palm Harbor, Fl.**
City & State

28 **Palm Harbor, Fl.**
City & State

24 **34683**
Zip

25 **U.S.**
Country

29 **34683**
Zip

30 **U.S.**
Country

9. Name and Address of Current Registered Agent

**PLEIN, BEVERLY A.
8585 NORTHWEST 118TH TERRACE
OCALA FL 34482**

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 607.0502 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

Signature typewritten or printed name of registered agent and date of signature

Signature typewritten or printed name of registered agent and date of signature

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	PLEIN, BEVERLY A. 8585 NORTHWEST 118TH TERRACE OCALA FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS
SD	PLEIN, STEVEN J. 1114 SOUTHWEST 143RD STREET NEWBERRY FL	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP
VD	PLEIN, BEVERLY A. 8585 NORTHWEST 118TH TERRACE OCALA FL	<input type="checkbox"/> DELETE	21 TITLE
		<input type="checkbox"/> DELETE	22 NAME
		<input type="checkbox"/> DELETE	23 STREET ADDRESS
		<input type="checkbox"/> DELETE	24 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	31 TITLE
		<input type="checkbox"/> DELETE	32 NAME
		<input type="checkbox"/> DELETE	33 STREET ADDRESS
		<input type="checkbox"/> DELETE	34 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	41 TITLE
		<input type="checkbox"/> DELETE	42 NAME
		<input type="checkbox"/> DELETE	43 STREET ADDRESS
		<input type="checkbox"/> DELETE	44 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	51 TITLE
		<input type="checkbox"/> DELETE	52 NAME
		<input type="checkbox"/> DELETE	53 STREET ADDRESS
		<input type="checkbox"/> DELETE	54 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	61 TITLE
		<input type="checkbox"/> DELETE	62 NAME
		<input type="checkbox"/> DELETE	63 STREET ADDRESS
		<input type="checkbox"/> DELETE	64 CITY-ST-ZIP

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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Beverly Plein - Beverly A. Plein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 813-787-6866
DATE

CR2E034 (12/95)