## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 556126

(1)

STOTTLER STARMER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

## **FILED** May 05 1997 8:00am Secretary of State



B780 N ATLANTIC AVE CAPE CANAVERAL FL 32920		CAPE CANAVERAL FL 32920-3404				
				Date Incorporated or Qualified     12/28/1977	3a. Date of Last Report 04/24/1996	
	I Place of Business	2a. Mailing Address	A L. A	4. FEI Number	Applied For	
<del>21 8</del> 68			AtlanticA	v. 5 <del>9-3</del> 016384	Not Applicable	
22	pt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & S	tate	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees	
Zip <b>24</b> }	25	29	30	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24]	9. Name and Address of Curre		1301	10. Name and Address of New Re		
ST	OTTLER, RICHARD H.JR.		81 Name			
	80 N ATLANTIC AVE	•	82 Street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1	
	IPE CANAVERAL FL 32920		62 Street	Address (P.O. Box Number is Not Acceptab	16)	
			83			
			84 City		1-1 7: O. I.	
			84 City		FL 85 Zip Code	
11. Pursua	at to the provisions of Sections 607.05	02 and 607,1508, Florida Stati	utes, the above-named	corporation submits this statement for the p	urpose of changing its registered	
office of agent.	or registered agent, or both, in the Stat I am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, f	s authorized by the corp Florida Statutes.	poration's board of directors. I hereby accep	t the appointment as registered	
SIGNATUR		,				
SIGNATION	Styrabile typod or proted name of registered as	jent and title if applicable (NC	OTE: Registered Agent signature	required when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
III.F	SD	DELETE	1.1 TITLE		Change Addition	
NAME	DEEVERS, JUDITH C.		1.2 NAME			
STRUET ADDRES			1.3 STREET ADDRESS			
C(1) - S(1 - Z(F)	CAPE CANAVERAL FL		1.4 CITY - ST - ZIP			
CITY-ST-ZIF T:TLF	PD	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition	
	PD STARMER, WILLIAM E.	DELETE			Change Addition	
T:TLF	PD STARMER, WILLIAM E. SS 8680 N ATLANTIC AVE	DÉLETE	21 TITLE		Change Addition	
T:TLF NAME	PD STARMER, WILLIAM E. 8680 N ATLANTIC AVE CAPE CANAVERAL FL	•	21 TITLE 22 NAME			
THE NAME STREET ADDRES	PD STAPMER, WILLIAM E. 8680 N ATLANTIC AVE CAPE CANAVERAL FL SRVD	DELETE	21 TITLE 22 NAME 23 STREET ADDRESS			
THE NAME STREET ADDRES CHY-ST-ZIP	PD STARMER, WILLIAM E. 8680 N ATLANTIC AVE CAPE CANAVERAL FL SRVD MCLOUTH, MALCOLM E.	•	21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CHTY-ST-ZIP			
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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.

JAL BEQUIRED

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