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

PROFIT CORPORATION ANNUAL REPORT



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

1996

MENT 4 634703

(3)

DOCUMENT #
1. Corporation Name

RICHARD J. BUTZE ASSOCIATES, INC.

Principal Place 15521 QUEE FT. MYERS	INSFERRY DR. SE		Mailing Address 15521 OUEENSFERRY DR. SE FT. MYERS FL 33912								
						3.	Date Incorporated or Qualified 09/04/1979	3a. Date	of Last 3/16/1	Recort 995	
21	ace of Business	2a. Mailing Address 26	1			4. FEI Number Applied For S9-1937906 Not Applicable					
Suite, Apt. (Suite, Apt. #, etc.				5.	Certificate of Status Desired	d D \$8.75 Additional Fee Required				
City & State 23		City & State	28			6.	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Ζφ 24	Country 25	Ζ _Ι ρ 29	Goun'	try			This corporation has liability for in Florida Statutes Yes	No.		s 199.032,	
	9. Name and Address of Curr	ent Hegistered Agent		4 1 4		10.	Name and Address of New R	egistered	Agent		
Butze, Richard J 15521 Queensferry Dr Se					ame treet Addres	iddress (P.Ö. Box Number is Not Acceptable)					
	ERS FL 33912		8	3							
			8	4 C	ity			FI	85	Zıp Code	
SIGNATURE	Storial no, typico or printed name of registere i ag	er Land title, if applicatine (N	OTE: Registered A	jont sigr	alure required w		instatingi ADDITIONS/CHANGES TO OFFI	DATE	DIDEO	CD0 IN 40	
THEF	PTD	DELETE	1. 1 TITL	E			ADDITIONS/OFFANGES TO OFFI		Change		
NAME STECHT ADDRESS CITY+ST-ZIP	Butze, Richard J 15521 Queensferry Dr Ft. Myers Fl	, RICHARD J QUEENSFERRY DR SE		E Et addi - St - Zif				_ Crunge _ received			
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NAME	Butze, Helen M	-	2 2 NAM	£						, D Machieri	
STREET ADDRESS	15521 QUEENSFERRY DR	SE	2.3 STRE		RESS					i	
City St. Zie	FT. MYERS FL		2 4 CITY	- <u>\$ T</u> - ZIF	, [
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CITY-SI-ZIP			5 4 CiTy		1					'	
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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 eath; 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.

6 2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

LALLE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

3-1-96 941-768-2372