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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

(7)

DOCUMENT # 1. Corporation Name

CARL NISSENBAUM, INC.

Principal Place of Business Mailing Address									
% CARL NISSENBAUM 1609 WOODCHUCK CT WINTER SPRINGS FL 32708		% Carl Nissenbaum 1609 Woodchuck CT Winter Springs FL 32708							
				 Date incorporated or Qualified 01/22/1981 	3a. Date of Last Report 04/26/1995				
2. Principal Pla	ace of Business	2a. Mailing Address						Applied For	or
11		26		· 4 · · · · · · · · · · · · · · · · · ·	59-2050347			Not Applicable	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip	Country	Zψ			8. This corporation has liability for intangible tax under s 199.032,				
24	25 29		30	,		No No			_
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New R	legistered i	Agent		
			8	Name					ļ
NISSENBAUM, CARL 1609 WOODCHUCK CT			8:	Street Addr	ress (P.O. Box Number is Not Acceptab	ile)			
	R SPRINGS FL 32708		8:	3					
***************************************			_	1 0			Tec 7:	p Code	_
			8-	City		FL	85 Zi	, Code	
or register familiar wi	to the provisions of sections do not be tred agent, or both, in the State of Floric ith, and accept the obligations of, Section and the state of the section	la: Such change was author on 607.0505, Florida Statute	ized by the cor	poration's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as	registered	agent. I am	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				_]%
TITLE	PD DELETE		1. 1 TITL		☐ Change		☐ Addition	CR2E034 (12/95)	
NAME	NISSENBAUM, CARL		1,2 NAM						8
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THILE	SD DELETE		2 1 ไปใ				_] Change	Addition	٦
NAME	NISSENBAUM, GERALDINE		2.2 NAM						
STREET ADDRESS	1609 WOODCHUCK CT		23 STRE	FT ADDRESS					
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY				T) Change	□ Addition	-
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CITY-ST-ZIP			6.4 C(TY	51 ZIF					

14. I do hereby certify that the information supplied with this filling 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 early 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL VISCE-IABALIM