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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # F32967

1. Corporation Name

(4)

FRED W. FELDMANN, P.A.

11120	V 1 6 2 5 112 WWW 1 5 5 7						
Principal Place of Business Malling Address 1346 BROADWATER DR. 1346 BROADWATER DR. FT. MYERS FL 33919 US US Malling Address 1346 BROADWATER DR. FT. MYERS FL 33919 US							
						3. Date Incorporated or Qualified 05/01/1981	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26				4, FEI Number 59-2103787	Applied For Not Applicable
Suite, Apt. #	Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	·			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30	ountry		8. This corporation has liability for Florida Statutes	intangible tax under si 199.032, si 💹 No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New	Registered Agent
######################################				81	Name		
FELDMANN, FRED W. 1346 BROADWATER DR. FT. MYERS FL 33919				82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)
				83			
				84	, , , , , , , , , , , , , , , , , , ,		FL 85 Zip Code
or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was autl	ho rize d by the	e corp bove-r	named corpora oration's boar	ation submits this statement for the pu d of directors. I hereby accept the app	arpose of changing its registered office cointment as registered agent. I am
SIGNATURE							
	Signature, typed or printed name of registered ag-				d signature required		DVJE
12.	OFFICERS A	ND DIRECTORS DELETE	13			ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	FELDMANN, FRED W	- D receit		TITLE			Change Addition
NAME	1346 BROADWATER DR.			NAME			
STREET ADDRESS	FT MYERS FL				ADDRESS		
CITY - ST - ZIP TITLE	I I MILLIOIL	[] DELETE	· · · · · · · · · · · · · · · · · · ·	CITY-S 1 TITLE	1-719		Change Addition
NAME		[] Otter		NAME			E onerige E Audition
					ADDRESS		
STREET ADDRESS				CITY-S			
CITY-ST-ZIP TITLE		[] DELETE		TITLE	1-21-	THE RESERVE OF THE PARTY OF THE	Change Addition
NAME		L		NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-S			
THILE		DELETE		TITLE			Change Addition
NAME			4.2	NAME			
STREET ADDRESS			4.3	STREET	ADDRESS		
CITY-\$1-ZIP				CITY-S			
TITLE		☐ DELETE	5.1	TITLE			Change Addition
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET	ALIDRESS		
DITY-S1-7/P			5.4	CITY-S	T- Z(F)		
TITLE		DELETE	6. 1	TITLE			☐ Change ☐ Addition
NAME			6.2	NAME			
STREET ADDRESS			6.3	STREET	ADDRESS		
CITY-ST-7IP			6.4	CHY-S	T-21P	er utfangen began hann bestelligt in der bestelligte bestelligt bestelligt bestelligt bestelligt bestelligt be	
44 1 -4- 1	ومناهدي والمناهد ومستواما والماه ومناه والمناه والمناه والمناه	at a contract to the fitting of the contract and the	بمحالم محامة مسيعي		مكاسية المستحدات	u stra avecantion assend in Paction 440	LOZIONIA Filadala Diakatan 1 fudbar - 1

14. I do horeby 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 logal 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (12/95)