

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

FILED

**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F33483

1. Corporation Name
H. T. Fues + Assoc. Inc.
1518 Daroca DR.
Deltona, Fl. 32725

Principal Place of Business
550 Wade Street
Winter Springs, Fl. 32708

3. Date Incorporated or Qualified 5/5/81
3a. Date of Last Report 5/96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2089883
Applied For Not Applicable

21. State Apt. # etc.

22. City & State

23. Zip

24. Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Emily L. Fues
1518 Daroca DR.
Deltona, Fl. 32725

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent: signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Harold T. Fues	
STREET ADDRESS	1518 Daroca DR.	
CITY - ST - ZIP	Deltona, Fl. 32725	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Harold L. Fues	
STREET ADDRESS	2255 Retreat Rd.	
CITY - ST - ZIP	Geneva, Fl. 32732	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Jay M. Fues	
STREET ADDRESS	1860 Joyner Ave	
CITY - ST - ZIP	Deltona, Fl. 32725	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Emily L. Fues	
STREET ADDRESS	1518 Daroca DR.	
CITY - ST - ZIP	Deltona, Fl. 32725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

400002191264 05
-05/27/97--01039--047 5/14/97
***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Emily L. Fues, Secretary - 5/7/97 (407) 574-2716
Date Daytime Phone #
Emily L. Fues

CR2E034 (9/96)