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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F	35798
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(0)

Mailing Address

Corporation Name

Principal Place of Business

HUGH T. DIETZ, P.A.

)

50 COCOAN PALM BCH	IUT ROW #114 FL 33480	50 COCOANUT ROW (PALM BCH FL 33480	#114		Date Incorporated or Qualified	3a. Date of Las	st Report
					05/13/1981	05/01/	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	¬ · · · · · · · · · · · · · · · · · · ·		59-2141637		Not Applicable		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.		-4	5. Certificate of Status Desired	, , ,	.75 Additional	
22		27					ee Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
23		28 Zin	Counti		Trust Fund Contribution 8. This corporation has liability for i		dded to Fees
Zip	Country 25	Zip 29	30	У	· · · · · · · · · · · · · · · · · · ·	Intangiole tax uno	# \$ 199.032,
24 25 29 29 9. Name and Address of Current Registered Agent					10. Name and Address of New R		
			8	Name		· .=-,,	
BAVMO	OND J. MOUDRY, ESQ.		8:	Stroot Add	ress (P.O. Box Number is Not Acceptab	de)	
2001 P.	ALM BEACH LAKES BLVD		8	Z OUBBLAGG	това (го. вох панноста постасофияс		
	PALM BCH FL 33401		8	3			
*****			8	4 City		85	Zip Code
				1 1			•
familiar w	red agent, or both, in the state of Floric ith, and accept the obligations of, Secti	on 607.0505, Florida Statutes	5.		ration submits this statement for the pur and of directors. I hereby accept the appoint	DATÉ	
12.	OFFICERS AND		13.	• · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12
TITLE	PST	DELF 1E	1, 1 TITLF			☐ Cha	nge 🔲 Addition
NAME	DIETZ, HUGH T		1.2 NAM	ŧ			
STREET ADDRESS	50 COCOANUT ROW #114		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PALM BCH, FL 00000		1.4 C/TY - \$1 - Z(I)			F7 0-	- 1 4 J N
TITLE	VD_	☐ DETEIE	2 1 HTt			Cha	nge 🗌 Addition
NAME	DIETZ, HUGH T		2.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	PALM BCH, FL 00000	[] DELETE	3 1 TITL	- ST - ZIP		[] Cha	nge Add tion
TITLE NAME		[_] perce	3 2 NAM				
STREET ADDRESS	1			EET ADDRESS			
CITY-ST-ZIP	Ţ			- ST- ZIP			
TITLE		[] DELETE	4. 1 J-IL			☐ Cha	nge 🔲 Addition
NAME			4 2 NAV	E			
STREET ADDRESS	: [4.3 ST48	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-SI-ZiP			
TITLE		☐ DELEI€	5. 1 TiTL	E		Cha	nge 🔲 Addition
NAME			5.2 NAM				
STREET ADDRESS	;		5 3 STRE	E1 ADDRESS			
CITY-ST-ZIP				- ST - ZIP			nas 🗀 Addisa
TITLE		DELETE	6 1 YIJ'I	1		☐ Cha	nge 🔲 Addition
NAME			6 2 NAM				
STREET ADDRESS				EET ADDRESS			
City - St - 7/P	Ì		6.4 CiTY	-ST-ZIP			

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 certify that I am an officer or director of the corporation or hypersever or trueted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING DEFICER OR DIRECTOR

4/30/96 (407) 833-4825