

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F37555** (2)

1. Corporation Name

WITZEL & ASSOCIATES INC.



Principal Place of Business

**4410 N STAE RD 7 STE 100
FT LAUDERDALE FL 33319**

Mailing Address

**4410 N STAE RD 7 STE 100
FT LAUDERDALE FL 33319**

3. Date Incorporated or Qualified
06/10/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **3111 UNIVERSITY DRIVE**

2a. Mailing Address

26 **3111 UNIVERSITY DRIVE**

Suite, Apt. #, etc.

22 **SUITE 700**

Suite, Apt. #, etc.

27 **SUITE 700**

City & State

23 **CORAL SPRINGS FL**

City & State

28 **CORAL SPRINGS FL**

Zip

24 **33065**

Country

25 **BROWARD**

Zip

29 **33065**

Country

30 **BROWARD**

4. FEI Number

59-2113671

Applied For

Not Applicable

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

~~SOLOMON, DOUGLAS PAUL, ESQ.~~
~~520 BRICKELL KEY DRIVE~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name **ROBERT C. WITZEL**

82 Street Address (P.O. Box Number is Not Acceptable)
7459 NW 34 ST

83

84 City **LAUDERHILL**

FL

85 Zip Code
33319

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

Robert C. Witzel

ROBERT C. WITZEL (President)

4/29/96

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

(NOT: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **SCHMIDT, JOANNE M**
STREET ADDRESS **9451 NW 44TH PLACE**
CITY- ST- ZIP **CORAL SPRINGS FL**

TITLE **PD** ☐ DELETE
NAME **WITZEL, ROBERT C**
STREET ADDRESS **7459 N.W. 34TH ST.**
CITY- ST- ZIP **LAUDERHILL FL**

TITLE **TS** ☐ DELETE
NAME **WITZEL, ROBERT C.**
STREET ADDRESS **7459 NW 34TH STREET**
CITY- ST- ZIP **LAUDERHILL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

Robert C. Witzel

ROBERT C. WITZEL

Pres

4/29/96

754-484-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)