

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000004972 (6)

1. Corporation Name

SHKORDOFF ROTRUCK & ASSOCIATES, INC.



Principal Place of Business

**STE. 110, 312 EAST VENICE AVE.
VENICE FL 34292**

Mailing Address

**STE. 110, 312 EAST VENICE AVE.
VENICE FL 34292**

3. Date Incorporated or Qualified
10/22/1993

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip Country
29

4. FEI Number
25-1444884

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

**SHKORDOFF, THOMAS
STE. 110, 312 EAST VENICE AVE.
VENICE FL 34292**

10. Name and Address of New Registered Agent

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 607.1508 and 607.1509, 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, a registered agent under Section 607.0509, Florida Statutes.

SIGNATURE

Signature of Agent

Signature of Officer or Director

Signature of New Agent

Date

12. OFFICERS AND DIRECTORS

1. TITLE	PT	<input type="checkbox"/> DELETE
2. NAME	SHKORDOFF, THOMAS	
3. STREET ADDRESS	1389 VERMEER DR.	
4. CITY, ST, ZIP	NOKOMIS FL 34275	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information furnished in this report or supplement is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and my name appears in Block 12 or Block 13 of this report.

If 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 in this report or supplement is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS SHKORDOFF Feb 9/96 941-484-7161

CR2E034 (12/95)