

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 # **G14535** (0)
1. Corporation Name
ARGITUS, INC.



Principal Place of Business: 3300 SW 34 AVE #152, OCALA FL 34474-4487, US
Mailing Address: 3300 SW 34 AVE #152, OCALA FL 34474-4487, US

3. Date Incorporated or Qualified: 12/20/1982
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-2240897
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
WILKINSON, MICHAEL
3300 SW 34 AVE #152
OCALA FL 34474

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 607.0502 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	GLANZER, DOROTHY	
STREET ADDRESS	4220 SW 5TH AVE	
CITY - ST - ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILKINSON, MICHAEL W.	
STREET ADDRESS	5155 SE 44 AVE RD.	
CITY - ST - ZIP	OCALA FL	
TITLE	CDP	<input type="checkbox"/> DELETE
NAME	PALMER, WHITFIELD M., JR	
STREET ADDRESS	3080 SW 53RD ST	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDGAR, ALLEN C.	
STREET ADDRESS	2506 SOUTHWEST 9TH DR	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, MARGARET	
STREET ADDRESS	1318 S.E. 8TH ST.	
CITY - ST - ZIP	OCALA FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUTSCHLER, JOHN G.	
STREET ADDRESS	1212 W. 96TH ST., #2B	
CITY - ST - ZIP	BLOMINGTON MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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: _____ DATE: 4/22/96 DAYTIME PHONE #: 352-854-0070

CR2E034 (12/95)