FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G26005** **(0)**

1. Corporate Name

MIKE VON STETINA, INC.

Principal Place of Business
333 9TH ST. NORTH
ST PETERSBURG FL

Mailing Address
333 9TH ST. NORTH
ST PETERSBURG FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1983
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
ZIP — 24 / 29 County — 25 / 30

4. FEI Number: 59-2285681 — 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

VON STETINA, MICHAEL
333 9TH STREET NORTH
ST. PETERSBURG FL 33701

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VON STETINA, MIKE
STREET ADDRESS	320 173RD AVE.
CITY, ST, ZIP	N. REDINGTON BEACH FL
TITLE	DS
NAME	VON STETINA, J
STREET ADDRESS	320 173RD AVE.
CITY, ST, ZIP	N. REDINGTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE [ ] Change [ ] Addition
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP

2 TITLE [ ] Change [ ] Addition
2 NAME
2 STREET ADDRESS
2 CITY, ST, ZIP

3 TITLE [ ] Change [ ] Addition
3 NAME
3 STREET ADDRESS
3 CITY, ST, ZIP

4 TITLE [ ] Change [ ] Addition
4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP

5 TITLE [ ] Change [ ] Addition
5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP

6 TITLE [ ] Change [ ] Addition
6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP

14. I 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)(ii), 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 bind the corporation as a director under penalties of perjury. 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 of this report or on an attachment with an address.

SIGNATURE: Joanne Von Stetina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOANNE VON STETINA

5/1/95 (813)898-1982
Date Telephone #

0306381 CP