

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 # **G58195**

(0)

1. Corporation Name

RALPH WOHLGEMUTH, INC.



Principal Place of Business

**10155 NW 24TH PL
#308
SUNRISE FL 33322
US**

Mailing Address

**10155 NW 24TH PLACE
#308
SUNRISE FL 33322
US**

3. Date Incorporated or Qualified

09/06/1983

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2325380

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

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOHLGEMUTH, RALPH
10155 NW 24TH PLACE
SUNRISE FL 33322**

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

RALPH WOHLGEMUTH

(Signature of person appointed as registered agent and the name and address of the person appointed as registered agent)

(Signature of Registered Agent, signed when not a corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
WOHLGEMUTH, RALPH
STREET ADDRESS
10155 NW 24TH PL
CITY-ST-ZIP
SUNRISE FL

1.2 NAME ☐ DELETE

2.1 TITLE ☐ DELETE

2.2 NAME ☐ DELETE

2.3 STREET ADDRESS ☐ DELETE

2.4 CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ DELETE

3.2 NAME ☐ DELETE

3.3 STREET ADDRESS ☐ DELETE

3.4 CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ DELETE

4.2 NAME ☐ DELETE

4.3 STREET ADDRESS ☐ DELETE

4.4 CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ DELETE

5.2 NAME ☐ DELETE

5.3 STREET ADDRESS ☐ DELETE

5.4 CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ DELETE

6.2 NAME ☐ DELETE

6.3 STREET ADDRESS ☐ DELETE

6.4 CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Ralph WohlGemuth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH WOHLGEMUTH

2/10/96

3057465624

Corporate Phone #

CR2E034 (12/95)