

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G80000**

(4)

1. Corporation Name

NOTROH ENTERPRISES INC.

Principal Place of Business

**2625 EDGEWATER DRIVE
ORLANDO FL 32804**

Mailing Address

**2625 EDGEWATER DRIVE
ORLANDO FL 32804**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

30

9. Name and Address of Current Registered Agent

**HORTON, MICHAEL
4661 PARKER COURT
OVIEDO FL 32765**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
01/01/1984

3a. Date of Last Report
04/25/1995

4. FEI Number
59-2353874

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0402 and 607.1503, 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

Signature of Registered Agent (Print Name and Address)

Signature of Registered Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE **DPT**

2. NAME **HORTON, MICHAEL**

3. STREET ADDRESS **617 BLAIRSHIRE CIRCLE**

4. CITY-STATE-ZIP **WINTER PARK FL**

☐ DELETE

1. TITLE **DVS**

2. NAME **HORTON, MARCIA**

3. STREET ADDRESS **4661 PARKER COURT**

4. CITY-STATE-ZIP **OVIEDO FL**

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS **4661 Parker Ct.**

4. CITY-STATE-ZIP **OVIEDO, FL 32765**

☐ Change ☒ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP **32765**

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-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 attached sheet with an address.

SIGNATURE:

Marcia J. Horton Marcia J. Horton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 4074232192

CR2E034 (12/95)