

FILE NOW: FILING FEE AFTER MAY 1 IS \$2.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H44305

(1)

1. Corporation Name

RIEDLING & ASSOCIATES, INC.

Principal Place of Business

3198 N FEDERAL HWY
BOCA RATON FL 33431

Mailing Address

3198 N FEDERAL HWY
BOCA RATON FL 33431



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

County

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/25/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2493049

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. Name

A. MARIAN RIEDLING

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

3198 N. FEDERAL HWY.

13

14

City Boca Raton

FL

85

Zip Code

33431

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

A. Marian Riedling

(NOTE: Registered Agent signature required when reappointing)

2-15-96

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

VD
LEISTNER, ANDREA
3198 N. FEDERAL HWY
BOCA RATON FL

☒ DELETE

1.2 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

VD
RIEDLING, C. FRED
3198 N FEDERAL HWY
BOCA RATON FL

☒ DELETE

1.3 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.4 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ Change ☐ Addition

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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:

A. Marian Riedling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 (407) 395-2120

Date

Daytime Phone #

CR2E034 (12/95)