

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H52695**

(4)

1. Corporation Name

STUDNER ENTERPRISES, INC.

Principal Place of Business

**869 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176-7816**

Mailing Address

**869 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176-7816**

2. Principal Place of Business

21. State, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

30. Zip

Country

9. Name and Address of Current Registered Agent

**STUDNER, SCOTT
2 HIGHLAND OAKS TRAIL
ORMOND BEACH FL 32174**

81. Name

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

83.

84. City

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
>Title	NAME STUDNER, SCOTT 2 HIGHLAND OAKS TRAIL ORMOND BCH. FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
>Title	NAME STUDNER, SCOTT 2 HIGHLAND OAKS TRAIL ORMOND BCH. FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
>Title	NAME STUDNER, SCOTT 2 HIGHLAND OAKS TRAIL ORMOND BCH. FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
>Title	NAME STUDNER, SCOTT 2 HIGHLAND OAKS TRAIL ORMOND BCH. FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
>Title	NAME STUDNER, SCOTT 2 HIGHLAND OAKS TRAIL ORMOND BCH. FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
>Title	NAME STUDNER, SCOTT 2 HIGHLAND OAKS TRAIL ORMOND BCH. FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97

904 760-6444

Date

Daytime Phone #

CR2E034 (9/96)