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

PROFIT CORPORATION ANNUAL REPORT

1996

TEPPERWEDGE, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J45905 (3)

FILED Mar 26 1996 8:00 am Secretary of State



						<u> </u>	
Principal Place of Business Mailing Address						91 8114 81811 61814 81811 8	
240 NE 158TH ST MIAMI FL 33162 US		240 NE 158TH ST MIAMI FL 33162 US					
				3. Date Incorporated or Qualified 3a. Date of Last Report 12/05/1986 05/01/1995			
·	Principal Place of Business 2a. Mailing Addre		38		4. FET Number	Į.	Applied For
Suite, Apt.	#. elg.	Suite, Apt. #, etc.			59-2770936	60.	Not Applicable
22		F1	conto, right in, occi.		5. Certificate of Status Desired		75 Additional e Required
	City & State City & S		§ State		6. Election Campaign Financing		.00 May Be
		28			Trust Fund Contribution L.J Added to Fees		
Zip	Country	Zφ	Count	У	8. This corporation has liability for		s 199.032
24			30 Sent		f lorida Statutes		
	o, none and radios of Qui	Tent riogistered Agent	8	1 Name	TO. Name and Address of New F	legistered Agent	·
I EO TE	PPERBERG						
	: 158TH ST		8:	2 Street Addr	Address (P.O. Box Number is Not Acceptable)		
	FL 33162		8	3			
				4 City			7 0
			1		ation submits this statement for the pu	FL I''	Zip Gode
SIGNATURE 12.	Signature, typied or printed name of registered at	and and the Cappleable (N	IDTE Registered Ag	ert signature require		DAIF.	
TITLE	PD	DELETE	1.11116		ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
NAME	TEPPERBERG, RUTH	£3 5KC II	1.2 NAME			Unangi	5 [] Addition
STREET ADDRESS	240 N.E. 158TH STREET			EL ADDRESS			
CHTY-ST-Z-P	MIAMI FL 33162		1.4 CiTY -	i			-
THILE	VP	DELETE 2				☐ Change	e 🔲 Addition
NAME	TEPPERBERG, MARK		2.2 NAME	•			
STREET ADDRESS	240 N.E. 158TH STREET		2.3 STHE	T ADDRESS			
C/TY-ST-ZIP	MIAMI FL 33162			ST-ZIF	···-		
TITLE NAME	PAULA BRUGGISSIER	ST DELETE				☐ Chang	e 🔲 Addition
STREET ADDRESS	240 NE 158TH ST		3.2 NAME 3.3 STHE	E1 ADDRESS			
CITY-ST-ZIP	MIAMI FL 33162		3.5 SINC 3.4 CITY -				
TITLE		DELETE	4. 1 TITLE		<u></u>	Cnange	e Addition
NAMÉ			4.2 NAME				
STREET ADDRESS	1		4 3 STHEE	LADORESS			
CITY-ST-ZIP			4 4 CITY -		·	·	
TITLE		DELETE	5 1 TIPLE	Į.		[] Change	e 🔲 Addition
NAME			5.2 NAME				
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CHY-ST-7IP TITLE		DELETE	5.4 C/TY-			☐ Change	e
NAME			6.2 NAME			☐ custige	, Li vodition
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			6 4 CHY-				
	ov certify that the information supplies	d with this filing is voluntarily fur			or the exemption stated in Section 119	07/39/k) Florida Stat	utas 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, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: /