

**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 # **J60576** (2)

1. Corporation Name  
**F. P. E., INC.**



Principal Place of Business: **% FRED C. VENEMA 2977 S.E. NORMAND STUART FL 34997**  
Mailing Address: **% FRED C. VENEMA 2977 S.E. NORMAND STUART FL 34997**

3. Date Incorporated or Qualified: **03/06/1987**  
3a. Date of Last Report: **03/07/1995**  
4. FEI Number: **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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent  
**VENEMA, FRED C.  
2977 S.E. NORMAND  
STUART FL 34997**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
12.1 TITLE: **DV**  DELETE  
12.2 NAME: **VENEMA, PETER E.**  
12.3 STREET ADDRESS: **2977 SE NORMAND STR**  
12.4 CITY-STATE-ZIP: **STUART FL**  
12.5 TITLE: **DS**  DELETE  
12.6 NAME: **VENEMA, FRED C.**  
12.7 STREET ADDRESS: **2977 SE NORMAND STR**  
12.8 CITY-STATE-ZIP: **STUART FL**  
12.9 TITLE: **P**  DELETE  
12.10 NAME: **VENEMA, EDDIE C.J.**  
12.11 STREET ADDRESS: **2977 SE NORMAND STR**  
12.12 CITY-STATE-ZIP: **STUART FL**  
12.13 TITLE:  DELETE  
12.14 NAME:  DELETE  
12.15 STREET ADDRESS:  DELETE  
12.16 CITY-STATE-ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
13.1 TITLE:  Change  Addition  
13.2 NAME:  Change  Addition  
13.3 STREET ADDRESS:  Change  Addition  
13.4 CITY-STATE-ZIP:  Change  Addition  
13.5 TITLE:  Change  Addition  
13.6 NAME:  Change  Addition  
13.7 STREET ADDRESS:  Change  Addition  
13.8 CITY-STATE-ZIP:  Change  Addition  
13.9 TITLE:  Change  Addition  
13.10 NAME:  Change  Addition  
13.11 STREET ADDRESS:  Change  Addition  
13.12 CITY-STATE-ZIP:  Change  Addition

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: P. Venema **P. VENEMA** 01-17-96 407-286-1191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/State/Phone #

CR2E034 (12/95)