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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT # J73354** 

(9)

BEISWENGER ENTERPRISES CORPORATION

Principal Place of Business

Mailing Address

4 N.C. 40

FILED Apr 25 1996 8:00 am Secretary of State



9211 U.S. 19 PORT RICHEY FL 34668				9211 U.S. 19 PORT RICHEY FL 34668										
								3.	Date Incorporated of 05/19/1987	or Qualified	3a. Date	of Last R		
2. Principal Place of Business 2				a. Mailing Address			4.	FEI Number			<del>` ,` ,</del>	Applied For		
21				26					59-2820805	j			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of Status	Desired	[]		Additional Required	
City & State				City & State			6.	Election Campaign I	inancing		\$5.0	0 May Be		
23				28					Trust Fund Contribu	tion		Adde	d to Fees	
Zip <b>24</b>	25 Zip			· · · · · · · · · · · · · · · · · · ·				This corporation has		~	x under s	199.032,		
9. Name and Address of Current Re				30 30			Florida Statutes Yes No  10. Name and Address of New Registered Agent							
	81	Name	10,	Name and Addres	S OI NEW F	edistered t	Agent .							
REISWE	ENGER, W. J.					Ĺ								
9211 U		82 Street Address (P.O. Box Number is Not Accept					ot Acceptab	ile)						
PORT RICHEY FL 34668						83								
						84	City				FL	85 Zi	p Code	
i or register	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 p					nt signature require				DATE				
12.	PT	OFFICERS	AND DIREC	DELETE	13.		<del></del>		ADDITIONS/CHANG	ES TO OFFI				
NAME	1 * *	IGER, W.J., JR.		₽ DELETE	1.1 T						L	) Change	Addition :	
STREET ADDRESS		FF BLVD.			1.2 N/		ADDOCCO							
CHY-ST-ZIP	HOLIDAY						ADDRESS							
TITLE	VS			DELETE	2. 1 T	<del></del>	ST-ZIP					] Change	Addition	
NAME	BEISWEN	iger, ingrid		22 NAM			-				Ļ.	1 cumac	Noomon	
STREET ADDRESS		HIGHWAY 19			3 STREET ADDRESS									
CITY-ST-ZIP	PORT RIC	CHEY FL					IT-ZIP							
THLE				DELETE	3 1 T							Change	Addition	
NAME					3 2 N/	AME							_	
STREET ADDRESS					33. S	TREET	T ADDRESS						į	
CITY-ST-ZIP	ļ				3 4 CI	TY-S	IT-ZIP							
THILE	İ			DELE1E	4. 1 T	TLE						) Change	☐ Addition	
NAME					4.2 NA	ME							j	
STREET ADDRESS					4.3 ST	REET	ADDRESS							
CITY-ST-ZIP					4.4 CI		T-ZIP					···		
TIFLE				☐ DELETE	5. 1 TO	-	Ì					] Change	Addition	
NAME					5.2 NA		-							
STREET ADDRESS							ADDRESS							
CITY-S1-ZIP	ļ			D DE EZE	5.4 CI		T-ZIP		·····		·	• •		
TITLE				☐ DELETE	6 1 TI							] Change	☐ Addition	
NAME					62 NA									
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP	l				64 CI	IY-S	T-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 attachment with an address.

SIGNATURE:

WIT BEIS WENT A JA / PRES.

4/22/96 (8/3)848-0600