

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 # K88642

(9)

1. Corporation Name

SURETY TEKNICIANS, INC.



Principal Place of Business

% ALBERT ELIA
1000 N. ASHLEY ST., SUITE 630
TAMPA FL 33602-9850
US

Mailing Address

% ALBERT ELIA
1000 N. ASHLEY ST., SUITE 630
TAMPA FL 33602-9850
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**ELIA, ALBERT
15832 SANCTUARY DR
TAMPA FL 33647**

3. Date Incorporated or Qualified

05/15/1989

3a. Date of Last Report

01/19/1995

4. FEI Number

59-2944831

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

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

Signature for change of name, office, or agent, or for the filing of a statement of information.

Signature for change of name, office, or agent, or for the filing of a statement of information.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	ELIA, ALBERT	
3. STREET ADDRESS	15832 SANCTUARY DR	
4. CITY-STATE-ZIP	TAMPA FL	
5. TITLE	PT	☐ DELETE
6. NAME	ELIA, ALBERT	
7. STREET ADDRESS	15832 SANCTUARY DR	
8. CITY-STATE-ZIP	TAMPA FL	
9. TITLE	VSD	☐ DELETE
10. NAME	ROGERS, EVELYN	
11. STREET ADDRESS	8743 HAMPDEN DR	
12. CITY-STATE-ZIP	TAMPA FL	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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(2)(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. 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 as an alternate with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 813-225-2550

CR2E034 (12/95)