

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L06266** (5)
1. Corporation Name
STANHAUSER, INC.



Principal Place of Business
**% STEVEN D. HAUSER
1180 HAVENDALE BLVD
WINTER HAVEN FL 33881-1382**

Mailing Address
**% STEVEN D. HAUSER
1180 HAVENDALE BLVD
WINTER HAVEN FL 33881-1382**

3. Date Incorporated or Qualified **08/02/1989** 3a. Date of Last Report **04/26/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 65-0139731	Applied For
	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAUSER, STEVEN D. 1180 HAVENDALE BLVD WINTER HAVEN FL 33880		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT <input type="checkbox"/> DELETE	1.1 TITLE	CPTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUSER, STEVEN D.	1.2 NAME	
STREET ADDRESS	2007 SHORELAND DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	1.4 CITY - ST - ZIP	
TITLE	DVS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, CAROL S	2.2 NAME	
STREET ADDRESS	2007 SHORELAND DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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: *Steven D. Hauser* Date: **4/22/96** Daytime Phone #: **941-967-8109**

CR2E034 (12/95)