

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 # **L45919** (2)
1. Corporation Name
NAUTILUS ENTERPRISES OF CENTRAL FLORIDA INC.



Principal Place of Business

Mailing Address

C/O JOSEPH STEPAN
1561 HOBSON STREET
LONGWOOD FL 32730

C/O JOSEPH STEPAN
1561 HOBSON STREET
LONGWOOD FL 32730

Address change only

2. Principal Place of Business	2a. Mailing Address
21 2196 Harbor View Drive	26 2196 Harbor View Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 -	27 -
City & State	City & State
23 Dunedin, FL.	28 Dunedin, FL.
Zip	Zip
24 34698-2524	29 34698-2524
Country	Country
25 Pinellas	30 Pinellas

3. Date Incorporated or Qualified	3a. Date of Last Report
01/23/1990	04/27/1995
4. FET Number	Applied For
59-2988733	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPAN, JOSEPH
~~1561 HOBSON STREET~~
~~LONGWOOD FL 32730~~

Change of address only
2196 Harbor View Dr.
Dunedin, FL. 34698

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Joseph Stepan, Director

April 25th 1996

(NOTE: Any person whose signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	STEPAN, JOSEPH <u>Change of address only</u>
STREET ADDRESS	1561 HOBSON ST. 2196 Harbor View Dr.
CITY - ST - ZIP	LONGWOOD FL - Dunedin, FL. 34698
TITLE	VT <input type="checkbox"/> DELETE
NAME	STEPAN, DOROTHY <u>Change of address only</u>
STREET ADDRESS	1561 HOBSON ST. 2196 Harbor View Dr.
CITY - ST - ZIP	LONGWOOD FL - Dunedin, FL. 34698
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 addendum with an address.

SIGNATURE:

Joseph Stepan

Joseph Stepan, Director 4/25/96 (813) 738 4282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)