

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L50474** (0)

1. Corporation Name

PEISNER RUGGIERO & COMPANY, P.A.



Principal Place of Business

**1640 LEE RD
WINTER PARK FL 32789-9208**

Mailing Address

**1640 LEE RD
WINTER PARK FL 32789-9208**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PEISNER, ERIC, S
1640 LEE RD
WINTER PARK FL 32789**

3. Date Incorporated or Qualified
02/12/1990

3a. Date of Last Report
03/20/1995

4. FEI Number
59-2989285

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85

Zip Code

I, the undersigned, being a resident qualified person, do hereby certify that I am a resident of Florida; that I am the duly authorized agent of the corporation named herein; that I am a resident of the State of Florida; and that I am qualified 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

Signature typed or printed name of signing officer or director

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
PEISNER, ERIC
1640 LEE RD
WINTER PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD3
RUGGIERO, ALFRED J.
1640 LEE RD
WINTER PARK FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ZIP

5. CITY - ZIP

6. NAME

7. STREET ADDRESS

8. CITY - ZIP

9. CITY - ZIP

10. NAME

11. STREET ADDRESS

12. CITY - ZIP

13. CITY - ZIP

14. NAME

15. STREET ADDRESS

16. CITY - ZIP

17. CITY - ZIP

18. NAME

19. STREET ADDRESS

20. CITY - ZIP

21. CITY - ZIP

22. NAME

23. STREET ADDRESS

24. CITY - ZIP

25. CITY - ZIP

26. NAME

27. STREET ADDRESS

28. CITY - ZIP

29. CITY - ZIP

30. NAME

31. STREET ADDRESS

32. CITY - ZIP

33. CITY - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

407-740-5077

CR2E034 (12/95)