

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **L84945**

(9)

1. Corporation Name

CHERYL A. FITZ, INC.

Principal Place of Business

Mailing Address

**C/O CHERYL A. FITZ
6615 SW 48 ST.
MIAMI FL 33155-5916**

**C/O CHERYL A. FITZ
6615 SW 48 ST.
MIAMI FL 33155-5916**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

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9. Name and Address of Current Registered Agent

**FITZ, CHERYL A.
6615 SW 48 ST.
MIAMI FL 33155**

3. Date incorporated or Qualified

06/28/1990

3a. Date of Last Report

04/13/1995

4. FET Number

65-0356586

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 607.01(2)-(4) and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1503, Florida Statutes.

SIGNATURE

12

OFFICERS AND DIRECTORS

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

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29. NAME

30. NAME

**P
FITZ, CHERYL A.
6615 SW 48TH ST
MIAMI FL
D
FITZ, WALTER W.
6615 SW 48TH ST
MIAMI FL**

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

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30. NAME

14. I 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 included 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 of this report, or on an attached statement and fees.

SIGNATURE:

Cheryl A. Fitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 305-667-3001
Date of Filing

CR2E034 (12/95)