

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M92537 (3)

1. Corporation Name

STUDNER, INC.



Principal Place of Business

333 BEVILLE RD.
SOUTH DAYTONA FL 32119
US

Mailing Address

1421 S. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

STUDNER, SCOTT
1421 S. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified

07/27/1988

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2901521

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 of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STUDNER, SCOTT
STREET ADDRESS 2 HIGHLAND OAKS TRAIL
CITY-STATE-ZIP ORMOND BEACH FL 32174

☐ DELETE

TITLE VPD
NAME OPPENHEIMER, MICHAEL H
STREET ADDRESS 877 QUAIL RUN
CITY-STATE-ZIP ORMOND BEACH FL 32174

☐ DELETE

TITLE STD
NAME OPPENHEIMER, BRIAN I.M.
STREET ADDRESS 3 SPRINGWOOD TRAIL
CITY-STATE-ZIP ORMOND BEACH FL 32174

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. H. Oppenheimer

4/26/96 904-423-118

CR2E034 (12/95)