FII F	NOW: FILING FEE A	FTER MAY 1 IS	\$225.00		
PROFIT CORPORATION ANNUAL REPORT 1996		FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUM	ENT # M9939	1 (8)			
 Corporation Na 		PUTERS INC.			
Principal Place of	Business	Mailing Address) iffilitiet iff eftit iffian eren men.	II BI BIBI BIBI BIBI BIBI BIBI BIBI
* ROBERT POHORENCE					
3604 S. US 1 FT. PIERCE FL 34982		3804 S. US 1 FT. PIERCE FL 34982		3. Date Incorporated or Qualified 09/20/1988	3a. Date of Last Report 08/14/1995
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number 58-1471981	Applied For Not Applicable
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Current		30	florida Statutes Yes 10. Name and Address of New R	
11. Pursuant to or registere familiar with	o the provisions of Sections (67.05)?	on 607,9505 Florida Statutes	 .	ration submits this statement for the purid of directors. I hereby accept the app	FL 85 Zip Code rpose of changing its registered office to nument as registered agent. I am
	Sgradure. Spread or produce that is of respondenced across OFFICERS ANS		Falgi Served Agent signature requirements	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	P POHORENCE, ROBERT 3804 S. US 1	☐ DELETE	1 1 TIPLE 12 NAME 13 STREET ADDRESS 14 GITY - ST- Z-P		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT. PIERCE FL V POHORENCE, MARGARET 3804 S. US 1	□ DELETE	2 1 THLE 22 NAME 23 STREET ADDRESS		☐ Change ☐ Addition
CITY-S'-ZP TITLE NAME	FT. PIERCE FL	☐ DELETÉ	24 CiTy - ST - ZiP 3 1 TiTLE 3 2 NAME		Change Addition
STREET ADDRESS CHY+SY-ZIP TITLE		DELETS	3.3 STREET ADORESS 3.4 City S1-7/P 4.1 THLE		Change Addition
STREET ADDRESS CITY-ST-ZIP		DELFTE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		Decem	5.2 NAME 5.3 STHEET ADDRESS 5.4 CITY - ST-7IP		
CITY - ST - ZIP TITLE		DETELE	6 1 TULE 62 NAME		Change Addition

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)fk). 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 certify 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 of addless

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE Type of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 64 CITY - ST - ZIP

63 STREET ADDRESS

NAME

STREET ADDRESS

CR2E034 (12/95)