

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N06254** (9)

1. Corporation Name

**RESEARCH AND ENGINEERING ORGANIZATION FOR SPOUSE
S, INC.**



Principal Place of Business

Mailing Address

C/O SUE CATES
4085 CONWAY PLACE
ORLANDO FL 32812
US

C/O SUE CATES
4085 CONWAY PLACE
ORLANDO FL 32812
US

3. Date Incorporated or Qualified
11/20/1984

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O CLARICE DREXLER
Suite, Apt. #, etc.

26 C/O CLARICE DREXLER
Suite, Apt. #, etc.

22 4915 CALLE DE SOL
City & State

27 4915 CALLE DE SOL
City & State

23 ORLANDO FL
Zip

28 ORLANDO FL
Zip

24 32819
Country

29 32819
Country

4. FEI Number

59-2396067

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATES, SUE
4085 CONWAY PLACE
ORLANDO FL 32812

81 Name

CLARICE DREXLER

82

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

4915 CALLE DE SOL

83

84

City

ORLANDO

FL

85 Zip Code

32819

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Clarice Drexler

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

26 April 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	CATES, SUE	
STREET ADDRESS	4085 CONWAY PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JULIANO, SUE	
STREET ADDRESS	4726 COMBAHEE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	DELETE
NAME	WHITESCARVER, PEGGY	
STREET ADDRESS	5032 DUBAN AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	FVP	DELETE
NAME	CROUCH, SUE	
STREET ADDRESS	5250 JADE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	PD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DREXLER, CLARICE		
1.3 STREET ADDRESS	4915 CALLE DE SOL		
1.4 CITY-ST-ZIP	ORLANDO FL 32819		
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	SD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHITESCARVER, PEGGY MULLER, NANCY		
3.3 STREET ADDRESS	5516 PINE SHADE CT		
3.4 CITY-ST-ZIP	ORLANDO FL 32819		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan T. Juliano* SUSAN T. JULIANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

Date

407 850 5669

Daytime Phone #

CR2E037 (12/95)