

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 # N36621 (3)

1. Corporation Name
OLD-TIMERS OF TARPON SPRINGS, INC.



Principal Place of Business Mailing Address
**35 KRAEMER AVE
TARPON SPRINGS FL 34689** **35 KRAEMER AVE
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified: **02/13/1990** 3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Country 30. Country

4. FEI Number: **59-3028471** 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
**BEROLZHEIMER, HENRY A.
35 KRAEMER AVE
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City: **FL** 85. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KARAPHILLIS, GEORGE	
STREET ADDRESS	315 PINEAPPLE ST.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURRUSS, HERMAN	
STREET ADDRESS	P.O. BOX 997 N/A	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEROLZHEIMER, HENRY	
STREET ADDRESS	35 KRAEMER AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEMENT, WILLIAM	
STREET ADDRESS	1151 LANCER LANE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLAGHER, JOHN	
STREET ADDRESS	417 SPRING BLVD., S	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPSALIS, GEORGE	
STREET ADDRESS	P.O. BOX 463 N/A	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ed Norman	
1.3 STREET ADDRESS	118 Parkside Colony Dr.	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Burruss	
2.3 STREET ADDRESS	135 Whitcomb Blvd.	
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Pina Mae Digman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7424 Gulf Breeze Circle	
4.4 CITY-ST-ZIP	Hudson, FL 34674	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Edith Malcolm	
6.3 STREET ADDRESS	4653 Phoenix Dr.	
6.4 CITY-ST-ZIP	Holiday, FL 34690	

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: Ed Norman Ed Norman 2-15-96 Date Daytime Phone #

CR2E037 (12/95)