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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N95000004763 (7) DOCUMENT #

ALCOHOL BEVERAGE TRAINER'S ASSOCIATION OF FLORID A, INC.

Mailino Address



FORT MYERS	IAL BOULEVARD #230 S FL 33907	1500 COLONIAL BOUL FORT MYERS FL 3390)	Date Incorporated or Qualified	3a. Date of Las	t Report
					10/03/1995		
Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	- L	Applied For
		26			65-06/7-70	8	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional Required
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	1 1 '	00 May Be led to Fees
Zip	Country 25	Ζ(p	30 Cour	ntry) Yes □ No	s. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			ļ,	81 Name			
	I DEWITT HOLMES, P.A. OLONIAL BOULEVARD #230				dress (P.O. Box Number is Not Acceptable	э)	
	YERS FL 33907		ſ	83			
				84 City		FLII	Zip Code
or register familiar wi ilGNATURE		ction 617.0503, Florida Statutes STEVEN ent and little if applicable (N) HOL	mE3	oration submits this statement for the purp and of directors. I hereby accept the appo	1-15-96 DATE	
		The Paris and Additional Control of the Control of	OTE: Registered	Agent signature regor			
2.		ND DIRECTORS	13.	Agent signature requi	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
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ruo hereby certify that the information supplied wher rus limiting is voluntarity furnished and does not quality for the excitiption rate and intermediated 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:

STEVEN D. HILMES 1-15-96 941-936-2889
SIGNATURE SHOTTPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description Proce #