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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **P34015**

(8)

Corporation Name

KORRULY-GRAF-WEBER, INC.

NONDO	DET GITAL WEDETT, 1110.								
Principa Place	of Business	Mailing Address							
2301 LINCOLI	NWAY WEST	2960 SO MCCALL RD)						
SOUTH BEND IN 46628 STE 200									
		US US	ENGLEWOOD FL 34274 US			3. Date Incorporated or Qualified			
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 35-62 10298			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
2	And the second s	27 Suite 208							Required
City & State		Oity & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip 34224	Cour	ntry		8. This corporation has liability for		tax under s	199.032,
4	9. Name and Address of Curren		30]			Florida Statutes Yes 10. Name and Address of New F		1 Agent	
	g. Name and Address of Correct	i negistereo Agent		81	Name	10, reside disa Address of Non-	iogistoro:	a Agont	
KORRUI	.Y, LASZLO J.		ļ						
	PSTAIN DR.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
CAPE H	AZE FL 33946			83					
				84	City			85 Zi	p Code
44 6	M	and COV 1500. Clarks Otal	too the dive			oration submits this statement for the pu	ri oooooolo	hanaina ita	registered office
or registere familiar with SIGNATURE	ed agent, or both, in the State of Florion, and accept the obligations of, Sect	da. Such change was authorizion 607.0505, Florida Statute:	zed by the c s.	orpe	oration's boa	ard of directors. I hereby accept the app	ointment a	as registered	d agent. I am
0.0.17.11.01.12	Signature, typed or printed name of registered agent			Agent	t signature requiri	ed when revistating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	KORBULY, LASZLO J.			TITLE				Change	Addition
NAME	250 CAPSTAN DRIVE		1.2 NA		*DDDC0C				
STREET ACCRESS	CAPE HAZE FL				ADDRESS				
CITY-ST-ZIP TITLE	V	[] DELETE	1.4 CI 2. 1 TI			S/T/D		₹ ¥ Change	Add:tion
NAME	WEBER, GEORGE F.W. III		2 2 NA			Veber, George F.W. 11		AA	
STREET ADDRESS	16070 BARRYKNOLL WAY					6070 Barryknoll Way	•		
CITY-ST-ZIP	GRANGER IN		2 4 CI		1-ZIP G	Granger, IN 46530			
TITLE	VCD	[] DELETE	3 1 7		1 0)		XX Change	☐ Addition
NAME	GRAF, WERNER H.		3.2 NA	ME		Graf, Werner H.			
STREET ADDRESS	117 BOYD CIR.		3 3 S	TREFT		17 Boyd Circle			
CITY-ST-ZIP	MICHIGAN CITY IN	No. 21 - 12 (Marie Marie	3.4 C/	TY-S	1- ZIP N	Michigan City, 1N	46360		·····
TITLE	ST WEDVED II	DELETE	4.1 Ti					☐ Change	☐ Addition
NAME	GRAF, WERNER H.		4.2 NA						
STREET ADDRESS	117 BOYD CIR.				ADDRESS				
CITY-ST-ZIP	MICHIGAN CITY IN	F1 bei tilt			T-ZIP			Change	Addition
TITLE		[] DEFEIR	5 1 TI					L. Johange	LT Vocation
NAME STREET ADDRESS			52 NA		ADDRESS				
DITY-ST-71P			1		F-ZIP				
TITLE		DELETE	6.1 TI					Change	☐ Addition
NAME			6.2 N						
STREET ADDRESS					ADDRESS				
CITY-\$1-ZIP			6.4 CI	1Y-S	11-21P				
14. I do hereb certify that oath; that	the information indicated on this annu	ual report or supplemental an oration or the receiver or trust	nual report i ee empowei	s tru	ie and accur	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, F	e same leg	al effect as	if made under

SIGNATURE: bylo / Libraly LASZLO J. KORBULY PRESIDENT 4/6/96 94) 475-9752