

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000006034 (2)

1. Corporation Name

BITTONG CONSULTING, INC.



Principal Place of Business

7123 FOSTER LANE
ORLANDO FL 32818

Mailing Address

7123 FOSTER LANE
ORLANDO FL 32818

3. Date Incorporated or Qualified
11/19/1992

3a. Date of Last Report
10/09/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

4. FEI Number

59-0155622

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

BITTONG, KARLHEINZ
7123 FOSTER LANE
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of principal or person authorized to register agent on behalf of corporation)

(Signature of Registered Agent required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BITTONG, KARLHEINZ
STREET ADDRESS 7123 FOSTER LANE
CITY-STATE-ZIP ORLANDO FL 32818

TITLE D ☐ DELETE
NAME BITTONG, ESPERANZA
STREET ADDRESS 7123 FOSTER LANE
CITY-STATE-ZIP ORLANDO FL 32818

TITLE D ☐ DELETE
NAME MARTINKA, BENEDICT J
STREET ADDRESS 2215 CRUGER AVE #6-G
CITY-STATE-ZIP BRONX NY 10467

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KARLHEINZ BITTONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2-22-96

Telephone #

9072947773

CR2E034 (12/95)