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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P92000010898 (4)

DOCUMENT #
1. Corporation Name W.J. BARTUS, INC.

Principal Place of Business	Mailing Address
PO BOX 12098	PO BOX 12098
FT PIERCE FL 34979-2098	FT PIERCE FL 34979-2098

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Principal Place of Business Mailing Address				- I leftifått tia lätta test aant aan.		.,		
Principa: Place o		PO BOX 12098						
FT PIERCE FL 34979-2096 US		FT PIERCE FL 3497 US	FT PIERCE FL 34979-2098		3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1995			
					4. FEI Number	<u> </u>		oplied For
2. Principal Plac	ce of Business	2a, Mailing Address			65-0385303		<u> </u>	ot Applicable
Suite, Apt. #,	COMMERCIAL CP	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Addition Fee Required	
City & State	i ERCE	Oity & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
3 FL	Couple	Zip	Zip Country		8. This corporation has liability for	intangible ta	ax under s	.99.032,
a <sup>48</sup> 3495	2034951 25 ST - LUCIE 29 30		30		Florida Statutes 🔲 Yes 🔀 No			
1	9. Name and Address of Currer			r	10. Name and Address of New F	tegistered	Agent	
			81					
	S, WILLIAM J		82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
866 REE			8:		WITHIN TO			
VERO B	EACH FL 32963		L				<b>85</b> Zip	Code
			84	1 11	RU BEACH	FL	_ \ <u>\</u>	3960
44 D	a the provisions of Sections 607.050	12 and 607,1508, Fiorida Sta	tutes the above	named corpo		inpose of ch	ranging its re s registered	egistered offici agent. Lam
or registere	ed agent, or both, in the State of Flor	rida. Such change was authorise eaz 0606. Florida Statu	orized by the cor ites	poration's boa				5-21-3-11-1
				14 // z	<del>4</del>	//30/	96	
SIGNATURE: .	William J. Br	of and the County day	(Note: Fag. series	List Hall to to part	ADDITIONS/CHANGES TO OF	Fw7.E		RS IN 12
12.	OFFICERS AI	NO DIRECTORS		· 	ADDITIONS/CHANGES TO OF	I JOE I G AI	Change	nc tibbA 🔲
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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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the comporation 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 charged, or on an attachment with an address

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR