

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Tammara B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012486 (6)

1. Corporation Name

TORMOS & ASSOCIATES, INC.

FILED

96 SEP 11 AM 10:39

SECRETARY OF STATE



Principal Place of Business

Mailing Address

~~5305 ECHO PINES CIRCLE E~~
~~FT. PIERCE FL 34951~~

P.O. BOX 4256
VERO BEACH FL 32964

2. Principal Place of Business

2a. Mailing Address

21. **1505 LITTLER DRIVE**
Suite, Apt. #, etc.

22. City & State
23. **TITUSVILLE, FL**

24. Zip **32780** 25. Country **USA**

9. Name and Address of Current Registered Agent

TORMOS, MARISSA V.
~~5305 ECHO PINES CIRCLE E~~
~~FT. PIERCE FL 34951~~

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
1505 LITTLER DRIVE

83.

84. City **TITUSVILLE** FL 85. Zip Code **32780**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the Secretary of State. The change is being authorized by the corporation or board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, the provisions of Chapter 607, Florida Statutes.

SIGNATURE *Mari V. Tormos*

6/4/96

12. LIST OF OFFERS AND FINANCIAL STATEMENTS

TITLE	PSTD	☒ DELETED
NAME	TORMOS, REECE	
STREET ADDRESS	5305 ECHO PINES CIRCLE, E.	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE	PSTD	☐ DELETED
NAME	TORMOS, MARISSA V	
STREET ADDRESS	5305 ECHO PINES CIRCLE, E.	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES-DELETIONS AND REVISIONS	
1. DATE	-09/24/96--04189--107
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE-ZIP	
8. NAME	
9. STREET ADDRESS	
10. CITY-STATE-ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY-STATE-ZIP	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. NAME	
18. STREET ADDRESS	
19. CITY-STATE-ZIP	
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	

**1505 LITTLER DRIVE
TITUSVILLE, FL. 32780**

9/23/96

14. I do hereby certify that the information submitted with this statement is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or a person authorized by the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in the report.

SIGNATURE: *Mari V. Tormos* **Printed 2/13/96 407.461.1152**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)