

44-97 B-3994 NC  
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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000042276 (4)

1. Corporation Name  
C. ANN GETZINGER, INC.

Principal Place of Business  
8325 N.W. 15TH COURT  
CORAL SPRINGS FL 33071

Mailing Address  
8325 N.W. 15TH COURT  
CORAL SPRINGS FL 33071-6212



3. Date Incorporated or Qualified  
06/15/1993

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number  
65-0424730

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

GETZINGER, C. ANN  
8325 N.W. 15TH COURT  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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: C. Ann Getzinger

President

DATE: 4/1/96

12. OFFICERS AND DIRECTORS

1.1 TITLE: D  
1.2 NAME: GETZINGER, C. ANN  
1.3 STREET ADDRESS: 8325 N.W. 15TH STREET  
1.4 CITY-ST-ZIP: CORAL SPRINGS FL 33071

2.1 TITLE: ☐ DELETE  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:

3.1 TITLE: ☐ DELETE  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:

4.1 TITLE: ☐ DELETE  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:

5.1 TITLE: ☐ DELETE  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:

6.1 TITLE: ☐ DELETE  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:

2.1 TITLE: ☐ Change ☐ Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:

3.1 TITLE: ☐ Change ☐ Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:

4.1 TITLE: ☐ Change ☐ Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:

5.1 TITLE: ☐ Change ☐ Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:

6.1 TITLE: ☐ Change ☐ Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C. Ann Getzinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

954-755-4575

0157068

CR2E034 (9/96)