

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:03

DOCUMENT # **P93000045081 (5)**

1. Corporation Name

SOUTH TROPICAL CONSULTING, INC.

Principal Place of Business

904 LEE BLVD
UNIT 101
LEHIGH ACRES FL 33906

Mailing Address

POST OFFICE BOX 0350
LEHIGH ACRES FL 33906
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0447442

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. 196.032,
Florida Statutes

Yes

No

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

30

9. Name and Address of Current Registered Agent

BUTLER GAREY F
HUMPHREY & KNOTT
1625 HENDRY STREET STE 301
FORT MYERS FL 33901

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, typed or printed name of registered agent and date of registration

(NOTE: Registered Agent signature required when filing this)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST ZIP

D
ISERMANN HANS
611 CANTON AVE
LEHIGH ACRES FL

TITLE
NAME
STREET ADDRESS
CITY - ST ZIP

D
ISERMANN AGNES
611 CANTON AVE
LEHIGH ACRES FL

TITLE
NAME
STREET ADDRESS
CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST ZIP

P/T/D

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST ZIP

VP/S/D

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST ZIP

Change Addition

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)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hans Isermann

04-06-95

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