

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000012621 (6)

1. Corporation Name

RIESTERER COMPANIES, INC.



Principal Place of Business

Mailing Address

746 1/2 N MAGNOLIA AVE
ORLANDO FL 32803
US

P O BOX 533070
ORLANDO FL 32853-3070

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIESTERER, JOANNE M
746 1/2 N MAGNOLIA AVE
ORLANDO FL 32803

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RIESTERER, JOANNE M
1625 E RIDGEWOOD ST
ORLANDO FL 32803

11

TITLE

12

NAME

13

STREET ADDRESS

14

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RIESTERER, KARL F JR
1625 E RIDGEWOOD ST
ORLANDO FL 32803

21

TITLE

22

NAME

23

STREET ADDRESS

24

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31

TITLE

32

NAME

33

STREET ADDRESS

34

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41

TITLE

42

NAME

43

STREET ADDRESS

44

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51

TITLE

52

NAME

53

STREET ADDRESS

54

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61

TITLE

62

NAME

63

STREET ADDRESS

64

CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/96

407-423-470

CR2E034 (3/96)