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

TAMPA FL 33602

P94000019409 (9) **DOCUMENT #**

STUDOR VENTECH, INC.												
Principal Place of Business Mailing Address							4 L MODIODOL HA HOLLE BIBLI ODINI DOLHI DOLHI BELDI INNIO NOMI DICHI BELLE TONI 1901 					
	2030 Main St. Dunedin Fl 34698		2030 MAIN ST. Dunedin FL 34698									
							3.	Date Incorporated or Qualified 03/11/1994		e of Last 3/23/1		
2. 21	Principal Place of Business	<u> </u>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State				4. FEI Number 59-3267050		T	Applied For Not Applicable		
22	Suite, Apt. #, etc.						5.	Certificate of Status Desired			.75 Additional	
23	City & State						6.	Election Campaign Financing Trust Fund Contribution		• -	.00 May Be ded to Fees	
24	Zip (25)	Country 29	Zip	30 Co.	intry		8.	This corporation has liability for in Florida Statutes	ntangible 1	ax under	s 199.032,	
	9. Name and	Address of Current Reg	t Registered Agent		04		10. Name and Address of New Registered Agent					
	JACOBSON, RICHARD 501 E. KENNEDY BLVD SUITE 1700				81 82 83	Name Street Addres	s (P	O. Box Number is Not Acceptab	le)			

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.

City

SIGNATURE Standage to reduce the restaurch above and the list and could always and the list and could be reported by the restaurch of the restaurch above the restaurch of the restaurch above the restaurch of the restaurch										
` 12.	lighetime, typed or printed name of registered agent and title if application. OFFICERS AND DIRECTOR		13.	OFFICERS AND DIRECTORS IN 12						
TITLE	D	DELETE	1. 1 TITLE	V	Change Addition					
NAME	ROBERGE, THOMAS C		1.2 NAME	Roberbe, Thorrn I Bench br. se.	15 C					
STHEET ADDRESS	1 BEACH DR. S.E., STE. 200		13 STREET ADDRESS	I BENCH BR. SE.	<i>\$0,78 220</i>					
City-St-ZIP	ST. PETERSBURG FL 33701		14 CHY-ST-ZIP	ST. PETRES BURG	FL. 33701					
TILF	PST	DELÉTE	2 1 TITLE	PRINS BOUDEN	Change 🔼 Addition					
NAM!	ERICSON, DORIS	-	2 2 NAME	ERICEO	N, Bruke					
STREET ADDRESS	PRINS BOUDEWIJNLAAN 48, B-2970		2 3 STREET ADDRESS	PRINS BOUDEW	ITNLAAN 48					
CITY-ST-ZIP	SCHILDE BE	_	24 CITY-ST-ZIP	PRINS 1800BED B-2970 SCNILD PST BEUSCHE B30 LUCAS LAN OLDSMAR, FL.	E BELGIUM					
1116		☐ DELETE	3 1 TITLE	PST	Change 🖾 Addition					
NAME			3 2 NAME	BEUSCHE	L, TACK					
STREET ADDRESS			3.3 STREET ADDRESS	830 LUCAS LAN	Æ					
CHY-ST-ZIP			3.4 CITY - \$1 - 2IP	OLDSMAR FL.	34677					
TH. C		DELETE	4. 1 TITLE		Change Addition					
NAME			4 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
COLY-S1-20F			4.4 CITY-SI-ZIP							
THELF		□ DELETE	5 1 THILE		☐ Change ☐ Addition					
NAMt			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
C(TY+ST+Z)P			5 4 CITY - ST - ZIP							
TiTLE		DELETE	6 1 TITLE		Change Addition					
NAME			62 NAME							
STREET ACCIRESS			6 3 STREET ADDRESS							
CITY - ST - ZIP			64 CITY-ST-ZIP		10 0700 Ft. (1- Out 1 14 de 1					

14. I do hereby certily 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JACK BEUSCHEL BRUNCHE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/14/96 813-734-7750

Zip Code

85