## 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 DOCUMENT #

P94000039701 (5)

1. Corporation Name WITTEN, INC.		
Principal Place of Business	Mailing Address	<del></del>
4202 DRYDEN CIRCLE SARASOTA FL 34241	4202 DRYDEN CIRCLE SARASOTA FL 34241	
2. Principal Place of Business	2a. Mailing Address	



3. Date Incorporated or Qualified 3. Date of Last Report

							05/20/1994	05/01/1995		
_ <b>2.</b> Principal Pla <b>21</b>	. Principal Place of Business		—¬ `	2a. Mailing Address			4. FEI Number 65-0494853			Applied For
Suite, Apt.	# etc		Suite, Apt. #, e	vtc.			00 0404000			Not Applicable
22	27						5. Certificate of Status Desired			<b>'5</b> Additional Required
City & State City & S			City & State	State			6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
<b>Z</b> ip		Country	Zip	Co	untry		8. This corporation has liability for	ntangible ta	x under	s 199.032,
24	25		29	30 Florida Statutes ☐ Yes ☐ No						
	9. Name ar	nd Address of Curre	ent Registered Agent		Ţ	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	egistered	Agent	
					81	Name				
WITTEN, WILBUR A 4202 DRYDEN CIRCLE				82 Street Address (P.O. Box Number is Not Acceptable)						
				Street Address (1.0), box nothbor is Not Acceptable)						
SARASI	OTA FL 3424	1			83					
					_				<del></del>	***************************************
					84	City		FI	85	Zip Code
11. Pursuant t	o the provisions	s of Sections 607 050	02 and 607 1508. Florida 9	Statutes the eh-	1	amed corps	pration submits this statement for the pur		noine #	ronintored effe
SIGNATURE .	Signature, typed or p	rinted name of registered age	nt and little if applicable.	(NOTE: Registere	d Agen	nt signature recivin	ed when reinstating)	DATE		
12.		OFFICERS A	ND DIRECTORS	13.	Ť		ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TILLE	D		DELETI	E 1.11	TITLE				Change	
NAME	WITTEN,	WILBUR A		1.2 N	AME			_	_	
STREET ADDRESS		/DEN CIRCLE		13.5	TREET	ADDRESS				
CITY-S1-ZIP	SARASO1	TA FL 34241		3		II-ZIP				
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						1000000				
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP	ı			■ 64C	TV.C	r.71P 1				

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 607, Florida Statutes; and that my name appears in Block 12 or Block of changed, or on an attachment with an address.

SIGNATURE:

\_\_\_\_\_

April 24,1996

941-378-2198