

**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 # P94000047718 (9)

1. Corporation Name

TIEMAN CORP.



Principal Place of Business

Mailing Address

**9315 W. SAMPLE
CORAL SPRINGS FL 33065**

**9315 W. SAMPLE
CORAL SPRINGS FL 33065**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 **11852 ROYAL PALM BLVD**

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MICIOTTA, EMANUEL
9315 W. SAMPLE
CORAL SPRINGS FL 33065**

81 Name

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

11852 ROYAL PALM BLVD.

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0507051

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

10. Name and Address of New Registered Agent

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 (Application)

(If 2012 Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **OWN
MCIOTTA, EMANUEL**

STREET ADDRESS **950 NE 27 AVE.
POMPANO BEACH FL 33062**

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

P/C

☒

Change

☐

Addition

12 NAME

13 STREET ADDRESS

**11852 Royal Palm Blvd
Coral Springs, Fl. 33065**

14 CITY - ST - ZIP

21 TITLE

T

☐

Change

☒

Addition

22 NAME

Julie Miciotta

23 STREET ADDRESS

11852 Royal Palm Blvd.

24 CITY - ST - ZIP

Coral Springs, Fl. 33065

31 TITLE

V/S

☐

Change

☒

Addition

32 NAME

Paul R. Peeples

33 STREET ADDRESS

11852 Royal Palm Blvd.

34 CITY - ST - ZIP

Coral Springs, Fl. 33065

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 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 in an attachment with an address.

SIGNATURE:

Emanuel Miciotta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-96

954 755 5323

CR2E034 (3/96)