

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000051885 (9)

1. Corporation Name

THE SINGING TROLL TRADING POST INC.



Principal Place of Business

Mailing Address

467 FOREST AVENUE  
SUITE 120  
COCOA FL 32927  
US

467 FORREST AVENUE  
COCOA FL 32922

3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 04/28/1995
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREITHAUP, JOHN E  
6610 AREQUIPA ROAD  
COCOA FL 32927

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITHAUP, JOHN	1.2 NAME	
STREET ADDRESS	6610 AREQUIPA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITHAUP, MARY	2.2 NAME	
STREET ADDRESS	6610 AREQUIPA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRELL, LARRY JR.	3.2 NAME	DV Jarrell, Larry Jr
STREET ADDRESS	2700 CROTON ROAD, #1-1	3.3 STREET ADDRESS	2738 Roosevelt Blvd #1204
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Clearwater FL 34620
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEB, BRENDA JR.	4.2 NAME	DV Rueb, Brenda
STREET ADDRESS	2700 CROTON ROAD, #1-1	4.3 STREET ADDRESS	2738 Roosevelt Blvd #1204
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Clearwater FL 34620
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISZEK, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	6110 WILDERNESS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Zumwalt, Terri-Lynn
STREET ADDRESS		6.3 STREET ADDRESS	261 Noruega Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Titusville FL 32780

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary E Breithaupt 4/19/96 (407) 631-7888

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)