

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000053537 (5)

1. Corporation Name

TEE TOWEL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

723 E Colonial Dr.  
Suite 210  
Orlando, FL 32803

P.O. Box 540572  
Suite 210  
Orlando, FL 32854-0572

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	4/27/95	1996
22	27	4. FEI Number	Applied For
23	28	59-3270908	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing	\$5.00 May Be Added to Fees
26	31	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMPE, John  
4702 LAKE RIDGE ROAD  
Suite 210  
Orlando, FL 32808

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
SD	Primicerio, Doris L.		
123 E Colonial Dr Suite 210		1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
Orlando, FL 32803			
TITLE	NAME	2.1 TITLE	2.2 NAME
VD	Trimpe, John		
4702 LAKE RIDGE ROAD		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
Orlando, FL			
TITLE	NAME	3.1 TITLE	3.2 NAME
PTD	Trimpe, Julie		
4702 LAKE RIDGE ROAD		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
Orlando, FL			
TITLE	NAME	4.1 TITLE	4.2 NAME
TITLE	NAME	5.1 TITLE	5.2 NAME
TITLE	NAME	6.1 TITLE	6.2 NAME
TITLE	NAME	7.1 TITLE	7.2 NAME
TITLE	NAME	8.1 TITLE	8.2 NAME
TITLE	NAME	9.1 TITLE	9.2 NAME
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TITLE	NAME	100.1 TITLE	100.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ 4/30/97 407-426-7630  
Date Daytime Phone #