

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000056626 (2)**

1. Corporation Name

SQUAW'S ANKLE CONSULTING, INC.



Principal Place of Business

**400 KALE STREET
SATELLITE BEACH FL 32937**

Mailing Address

**400 KALE STREET
SATELLITE BEACH FL 32937**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BOLLINGER, WYNN
400 KALE ST
SATELLITE BEACH FL 32937**

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of Corporation or other person authorized to sign)

(Signature of Registered Agent or other authorized person)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BOLLINGER, MARIA L	
STREET ADDRESS	400 KALE STREET	
CITY-STATE-ZIP	SATELLITE BEACH FL 32937	
TITLE	PD	☐ DELETE
NAME	BOLLINGER, WYNN B	
STREET ADDRESS	400 KALE STREET	
CITY-STATE-ZIP	SATELLITE BEACH FL	
TITLE	SD	☐ DELETE
NAME	BOLLINGER, ESTHER H	
STREET ADDRESS	400 KALE STREET	
CITY-STATE-ZIP	SATELLITE BEACH FL 32937	
TITLE	TD	☐ DELETE
NAME	BOLLINGER, EDWARD A	
STREET ADDRESS	400 KALE STREET	
CITY-STATE-ZIP	SATELLITE BEACH FL 32937	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-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)(g), Florida Statutes. I further certify that the information included 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:

Ma. Luisa Bollinger, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

407-777-0160

CR2E034 (12/95)