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Feb 13 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 # P94000078356 (0)

1. Corporation Name
STRUWWELPETER, INC.

Principal Place of Business

10730 US HWY 19
SUITE 16
PORT RICHEY FL 34668

Mailing Address

10730 US HWY 19
SUITE 16
PORT RICHEY FL 34668-2863



2. Principal Place of Business

21 5250 Greenkey Road

22 New Port Richey, FL.

23 City & State

24 Zip 34652

25 Country PASCO

2a. Mailing Address

26 Same

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

04/18/1996

4. FEI Number

50-3283547

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BRANDES, PETER
10730 US HWY 19
SUITE 16
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

61 Name Peter Brandes
62 Street Address (P.O. Box Number is Not Acceptable) 5250 Greenkey Road
63
64 City New Port Richey FL 65 Zip Code 34652

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

Peter Brandes

02-03-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRANDES, PETER
STREET ADDRESS 10730 US HWY 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D
NAME PARIURY-BRANDES, ERIKA
STREET ADDRESS 10730 US HWY 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE President
1.2 NAME Christianson, Guise Kathryn
1.3 STREET ADDRESS 10506 Kim Lane
1.4 CITY-ST-ZIP Hudson Florida 34669

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter Brandes

02-03-97

813-849-3646

CP2E034 (9/96)