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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # P9500	00035272 (0)		
•	L. WERTZBAUGHER, INC.				
					ANN ACHAR RUBU RIOLA MARI MACHA AND HADI
Principal Place of Business Mailing Address				I 10011001 ITO HETE DIIII 80111 80111 8	
1325 SW GASTADOR AVE. 1325 SW GASTADOR AVE.			NYE.		
PORT ST LUCIE FL 34953-1724 PORT ST LUCIE FL 34953-1724					
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		05/01/1995 4. FEI Number	Applied For
26				65-0579835	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional
		City & State		6. Election Campaign Financing	Fee Hequired
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	9. Name and Address of Curre	29 ant Registered Agent	30	Florida Statutes Yes	
81 Name					
FISHER, JOSEPH R			82 Street Addre	N L. WERT ZBAU6HEL uss (P.O. Box Number is Not Acceptable	
2300 E. OCEAN BLVD.			1325	5.W. GASTADOR AVE.)
STUART FL 34996			83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s the above named corpora	ST. LUCIE tion submits this statement for the purp	FL ° 34953
	ed agent, or both, in the State of Flori th, and agcept the obligations of, Sec		d by the corporation's board	d of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURE	Busa L. Illin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4-10-96
			E: Registered Agent signature required	when reinstating)	DATE
12.	PD OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	WERTZBAUGHER, BRIAN L	☐ DELETE	1. 1 TITLE		Change Addition
STREET ADDRESS	400E ON 040EAD OD 41E		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34953-1	724	1.4 CHY-ST-ZIP		
TITLE	SD	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	WERTZBAUGHER, SUSAN C		2 2 NAME		
STREET ADDRESS	1325 SW GASTADOR AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34953-1		2 4 CITY - ST - ZIP		
THILE		☐ DÉLETE	3. 1 TATLE		Change Addition
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3. STREET ADDRESS		
TITLE		☐ DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE		Change Addition
NAME		_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		☐ DEFELE	5. 1 TITLE		Change Maddition
NAME CARRET ADODESC			5 2 NAME		
STREET ADORESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		Change Addition
NAME			6.2 NAME		☐ outuinge ☐ Modulion
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST- ZIP		
14. I do hereby	y certify that the information supplied the information indicated on this appli	with this filing is voluntarily furnis	shed and does not qualify for	the exemption stated in Section 119.07 and that my signature shall have the sa	(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.

NATURE: WAR AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4-10-96 (

(407) 340-5974