

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 # **P95000046450 (9)**

1. Corporation Name

TAPE TECHNOLOGY INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

8594 SUMMERVILLE PLACE
ORLANDO FL 32819

8594 SUMMERVILLE PLACE
ORLANDO FL 32819

3. Date Incorporated or Qualified
06/12/1995

3a. Date of Last Report
6/12/95

2. Principal Place of Business
21 **4210 L.B. McLEDD ROAD**

2a. Mailing Address
26 **P.O. BOX 616250**

4. FEI Number
59-3318720

Applied For
Not Applicable

22 Suite, Apt. #, etc.
1117

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
Orlando, FL

28 City & State
ORLANDO FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **32811** 25 Country **ORANGE**

29 Zip **32861** 30 Country **Orange**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKLIN, CAROL B
8594 SUMMERVILLE PLACE
ORLANDO FL 32819

81 Name **CAROL B. FRANKLIN**
82 Street Address (P.O. Box Number is Not Acceptable)
4210 L.B. McLEDD ROAD
83
84 City **ORLANDO** FL 85 Zip Code **32811**

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

Carol B. Franklin
Signature of the person authorized to sign this report (Signature of Registered Agent required when reinstating)

3/12/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D FRANKLIN, CAROL B**
STREET ADDRESS **8594 SUMMERVILLE PLACE**
CITY-ST-ZIP **ORLANDO FL 32819**

1 1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE
NAME **PRESIDENT Franklin, Richard E**
STREET ADDRESS **8594 SUMMERVILLE PLACE**
CITY-ST-ZIP **ORLANDO FL 32819**

2 1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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)(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:

Carol B. Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carol B. Franklin V.P./C.F.O.

3/12/96 **4078727424**
Date Daytime Phone #

CR2E034 (12/95)