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

P95000048102 (4)

DOCUMENT #
1. Corporation Name

STITZEL DEVELOPMENT CORPORATION

			/	····			
Principal Place of Business 700 N WICKHAM RD , #209 MELBOURNE FL 32935 Mailing Address 700 N WICKHAM RD , #209 MELBOURNE FL 32935							
					3. Date Incorporated or Qualified 3a. 06/16/1995	Date of Last	Report
2. Principal Place	ce of Business	2a. Mailing Address 26			4. FET Number 59-3323537		Applied For Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Ad	.00 May Be ded to Fees
Zip 24	Country 25 9. Name and Address of Curr	Zip 29	Gountry 30	, 	8. This corporation has liability for intanging florida Statutes Yes 10. Name and Address of New Registr	4 0	s 199.032,
Stitzel STIZEL, ROBERT E SR 700 N WICKHAM RD #209				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
MELBO	JRNE FL 32935		83 84			Fi 85	Zıp Code
familiar with SIGNATURE SI	, and accept the obligations of, Se	ection 607,0505, Florida Statutes ent and title if applicable (NO	TE: Registered Age	nt signar to reviere		V-F	
12.	OFFICERS A	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STITZEL, ROBERT E SR 700 N WICKHAM RD, MELBOURNE FL 32935		1. 1 TILE 1.2 NAME 1.3 STREE 1.4 CHY-:	T ADDRESS ST-ZIP		£_) C-lang	e [] Addition
TITLE NAME STREET ADDRESS		DELETE		T ADDRESS		Chang	e Addition
CHY-SI-ZIP TIFLE NAME STREET ADDRESS		DELETE	2 4 C/TY-1 3 1 TITLE 3 2 NAME 3 3 STREE	I ADDRESS		Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4 CITY-1 4. 1 TITLE 4.2 NAME 4.3 STREE	ST-ZIF		☐ Chang	e 🔲 Addition
CITY-ST-ZIP THILE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-1 5.1 TITLE 5.2 NAME 5.3 STREE			Chang	e 🔲 Addition
CITY-S1-ZIP TITLE NAME STREET ADDRESS		☐ DE1 E1E	5 4 CHY-5 6 1 TITLE 6 2 NAME 6 3 STREE	ADDRESS		☐ Changi	e 🔲 Addition
CITY-ST-ZIP 14. I do hereby certify that the path; that I a	he information indicated on H is ar	rgual report or supplemental annu poration or the receiver or trustee	640TY-5 ished and doc ual report is tru empowered	ST-ZIP is not qualify four ile and accura	or the exemption stated in Section 119.07(3)(but te and that my signature shall have the same s report as required by Chapter 607, Florida S	legal effect as	if made under

SIGNATURE: _

RODER LE STILLE

1/16/96

407-254-8454

Daytin e Phone ⊭