FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000057835**1. Corpora ion Name

FRITZSCHE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6413 MACLAURIN DRIVE FAST	6413 MACLAURIN DRIVE EAST

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90081 013 ***150.00



Principal Place	of Business	Mailing Address					
6413 MACLAUR	IN DRIVE EAST	6413 MACLAURIN DRIVE EAST					
TAMPA FL 3364	37	TAMPA FL 33647		DO NOT WRITE IN THIS SPACE			
				3. Date Ir corporated or			
				07/24/1995			
2 Princina Pl	ace of Business	2a. Mailing Address		4. FEI Number		I Ap	plied For
ー ・シェ・	. 1	26 15350 AMB	ERLY DR	22-3140228		— <u> </u>	t Applicable
21 / <u>/ 3 / 3 / 5</u> Suite, Apt. 3		Suite, Apt. #, etc.	EKC) OK			\$8.75	
		27 SUITE 162	4	5. Certifc ate of Status Desired		Fee Recuired	
City & State		<u> </u>	6. Election Campaign Financing S		\$5.00	May Be	
		28 TAMPA FL			Added to Fees		
Zip Courtry Zip			Country	8. This corporation owe:	s the current year in	tangible	
24 336	47 [25]	29 33647 30		Persor al Property Ta	iX	☐Yes	□No
	9. Name and Address of Current			10. Name and Address	of New Registers d	Agent	
			81 Name	_			1
	ZSCHE, R W		82 Street Ad	dress (P.O, Bo) Number is No	ot Accentable)		
6413	MACLAURIN DRIVE EAST				De		
TAMI	PA FL 33647		83				-
			nC n	TE 1624			
			84 City —	1MPA	FL		Code 3647
44 Duming nt	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes, th	a about named or	rnoration submits this stateme	nt for the numose of	f changing its	egistered
office or re	egistered agent, or both, in the State of mailiar with, and accept the obligat of the state.	Florida. Such change was author	ized by the corpor.	ation's board of directors. I here	eby accept the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agen:	and title if applicable. (NOTE: Regis	tered Agent signature req	ired when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITE DNS/CHANGE	S TO OFFICERS A		IRS IN 12
TITLE	PSD	☐ DELETE 1	1.1 TITLE			Change	Addition
NAME	FRITZSCHE, R. WAYNE	1	1.2 NAME				
STREET ADORESS	6413 MACLAURIN DRIVE EAST	1	1 3 STREET ADDRESS	15350 AMBERLY	DR, STE 16	.24	
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY- \$T-ZIP	15350 AMBERLY TAMPA FL 3	3647		
TITLE	VT	DELETE 2	2.1 TITLE			Change	☐ Addition
NAME	FRITZSCHE, DIANA M	, ,	2.2 NAME)
STREET ADDRLSS	6413 MACLAURIN DRIVE EAST		2.3 STREET ADDRESS				
	TAMPA FL 33647		2. 4 CITY-ST-ZIP				[
CITY-ST-ZIP	TAMEA TE SOOT		3.1 TITLE			Change	Addition
NAME			3 2 NAME				
		1	3.3 STREET ADDRESS				
STREET ADDRESS		1	3.4. CITY-ST-ZIP				
CITY-ST-ZIP			4.1 TITLE			Change	Addition
TITLE		_	4 2 NAME				
NAME			-				ļ
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			Change	Addition
TITLE			5.1 TITLE 5.2 NAME			L_I ondinge	
NAME							
STREET ADDR ISS		I.	5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CiTY-ST-ZiP			[](\)	Addition:
TITLE		- Deterie	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDR :SS			6.3 STREET ADDRESS				
			6.4 CITY-ST-ZIP				l

14. I 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 first my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation of the receiver of 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 change 1, or or attack them address, with all other like empowered.

SIGNATURE: