

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070823 (6)

1. Corporation Name
P T O CORP.



Principal Place of Business: 9050 S.E. 7TH AVENUE, OCALA FL 34476
Mailing Address: 9050 S.E. 7TH AVENUE, OCALA FL 34476

3. Date Incorporated or Qualified: 09/11/1995
3a. Date of Last Report

2. Principal Place of Business
21 3100 S. College Rd
Suite, Apt. #, etc: # 426
City & State: OCALA FL
Zip: 34474 Country: USA
2a. Mailing Address
26 A BOULE
Suite, Apt. #, etc: 9050 S.E. 7th Ave.
City & State: Ocala, FL
Zip: 34476 Country: USA

4. FEI Number: 59-3335043
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SIEGEL, EILEEN M
9050 S.E. 7TH AVENUE
OCALA FL 34476

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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, 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 607.1505, Florida Statutes.
SIGNATURE: Eileen M. Siegel, President/Owner, 4/22/96

12. OFFICERS AND DIRECTORS
1. TITLE: President - see 700
NAME: EILEEN SIEGEL
STREET ADDRESS: 9050 SE 7th Ave
CITY-ST-ZIP: OCALA FL 34476
2. TITLE: V.P.
NAME: Joseph M. Siegel
STREET ADDRESS: 9050 SE 7th Ave
CITY-ST-ZIP: OCALA FL 34476
3. TITLE: [DELETE]
4. TITLE: [DELETE]
5. TITLE: [DELETE]
6. TITLE: [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [Change] [Addition]
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: [Change] [Addition]
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: [Change] [Addition]
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: [Change] [Addition]
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: [Change] [Addition]
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: [Change] [Addition]
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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: Joseph M. Siegel, 4/29/96, 873-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)