

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 # **P95000079004 (4)**

1. Corporation Name
TRUMPLER ENTERPRISES, INC. // STC HOLDINGS, Inc

NC 3/1/96



Principal Place of Business
**1819 MAIN ST., STE. 610
SARASOTA FL 34236**

Mailing Address
**1819 MAIN ST., STE. 610
SARASOTA FL 34236**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2 N. Tamiami Trail	26	2 N. Tamiami Trail	10/13/1995	n/a
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
Suite 106		Suite 106		65-0617-823	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sarasota, Fl		Sarasota, Fl		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	6. Election Campaign Financing Trust Fund Contribution	
34236		USA		<input type="checkbox"/>	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
34236		USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORTON, SAM D 1819 MAIN ST., STE. 610 SARASOTA FL 34236				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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 *[Signature]*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRUMPLER, RICHARD P			2. NAME			
STREET ADDRESS	7601 WEEPING WILLOW BLVD.			3. STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL 34241			4. CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Gustafson, Karin E.			2. NAME			
STREET ADDRESS	1084 S. Briggs Ave.			2.3 STREET ADDRESS			
CITY - ST - ZIP	Sarasota, FL 34237			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Perkins, Robert E.			3.2 NAME			
STREET ADDRESS	1800 Second St. Suite 905			3.3 STREET ADDRESS			
CITY - ST - ZIP	Sarasota, Fl 34239			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Robbins, Lynn			4.2 NAME			
STREET ADDRESS	100 N. Tamiami Trail			4.3 STREET ADDRESS			
CITY - ST - ZIP	Sarasota, Fl 34236			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Powell, Virginia Smith			5.2 NAME			
STREET ADDRESS	700 John Ringling Blvd.			5.3 STREET ADDRESS			
CITY - ST - ZIP	Sarasota, Fl 34236			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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*****200.00**

427 [Signature]

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 *941-951-1616*

CR2E034 (12/95)