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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business

Suite, Apt. #, etc.

City & State

22

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FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023064 (4)

REUTTER MANAGEMENT, CORP.

| Principal Place of Business                           | Mailing Address  |  |  |  |
|---|--|--|--|--|
| 12773 W FOREST HILL BLVD #1210<br>WELLINGTON FL 33414 | 12773 W FOREST HILL BLVD #1210<br>WELLINGTON FL 33414-4760 |  |  |  |
|   |  |  |  |  |

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2e. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Mar 14 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

65-0650312

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

03/11/1996

FEI Number

| Zip  | Country  | Zip                       | Coun         | Country                                      |                       | 8. This corporation has liability for intangible tax under s. 199.032, |  |
|--|--|---------------------------|--------------|--|-----------------------|--|--|
| 24   | 25   | 29                        | 30           |  | Florida Statutes      |  |  |
| g. Name and Address of Current Registered Agent  |  |                           |              | 10. Name and Address of New Registered Agent |                       |  |  |
| VON  | N STOCKAR, THOMAS                                      |                           | 8            | 81   | Name                  |  |  |
|  | 73 W FOREST HILL BLVD #1210                            |                           | <u> </u>     | B2   | Street Address        | ss (P.O. Box Number is Not Acceptable)                                 |  |
|  | LUNGTON FL 33414                                       |                           | Į,           | 2  | Street Addres         | ss (r.o. box Number is Not Acceptable)                                 |  |
|  |  |                           | [8           | B3   |                       |  |  |
|  |  |                           |              | _  |                       |  |  |
|  | •  |                           | įŧ           | B4   | 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 charge 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, typed or punted name of registered agent is | net to it applicable. ANO | h Bugistered | <br>A opri                                   | if signature required | 1 when reassiating) DATE   |  |
| 12.  | OFFICERS AND I   |                           | 13.          | A.Gen  | II sig tartie reduted | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                      |  |
| TITLE  | DP   | DELETE                    | 1.1 7111     | F  |                       | Change Addition  |  |
| NAME   | VON STOCKAR, THOMAS                                    |                           | 1.2 NAV      |  | ĺ                     |  |  |
| STREET ADDRESS   | 12773 W FOREST HILL BLVD #                             | 1210                      |              |  | ADDRESS               |  |  |
| CITY-ST-ZIP  | WELLINGTON FL 33414                                    |                           | 1.6 CITY     |  | 1                     |  |  |
| TITLE  | V  | DITE                      | 2.1 101      |  |                       | Change Addition  |  |
| NAME   | REUTTER, THOMAS  |                           | 2.2 NAM      | ΔF   | İ                     |  |  |
| STREET ADDRESS   | 12773 W FOREST HILL BLVD #                             | 1210                      | - 1          |  | ADDRESS               | !  |  |
| CITY-ST-ZIP  | WELLINGTON FL 33414                                    |                           | 2. 4 DIT     |  |                       |  |  |
| TITLE  | TS   | DELETE                    | 3 1 1111     |  |                       | Change Addition  |  |
| NAME   | VON STOCKAR, MADLEN                                    |                           | 3.2 NAM      | Æ  |                       |  |  |
| STREET ADDRESS   | 12773 W FOREST HILL BLVD #                             | 1210                      | 3 3 \$ TRI   | H1#  | ADDRESS               | İ  |  |
| CITY-ST-ZIP  | WELLINGTON FL 33414                                    |                           | 3 4. CiT     | Y - SI                                       | 1 - ZIP               |  |  |
| TITLE  |  | DELETE                    | 4.1 1/10     |  |                       | Change Addition  |  |
| NAME   |  |                           | 4 2 NAM      | Μŀ   |                       |  |  |
| STREET ADDRESS   |  |                           | 4.3 STR      | EE1#   | ADURESS               |  |  |
| CITY-ST-ZIP  |  |                           | 4.4 City     | ۲ - S1 -                                     | - ZIP                 | :  |  |
| TITLE  |  | DELETE                    | 5.1 ](1)     | .ŧ   |                       | Change Addition  |  |
| NAME   |  |                           | 5.2 NAM      | <b>S</b> E                                   | į                     |  |  |
| STREET ADDRESS   |  |                           | 5.3 S1RI     | EET A  | AUDRESS               | · ·  |  |
| CITY-ST-ZIP  |  |                           | 5.4 CITY     | Y - ST                                       | · ZIP                 | !  |  |
| TITLE  |  | ☐ DELETE                  | 611111       | E  |                       | ☐ Change ☐ Addition  |  |
| NAME   |  |                           | 6.2 NAN      | A E  |                       | •  |  |
| STREET ADDRESS   |  |                           | 6 3 STRI     | EE1 A  | ADDRESS               |  |  |
| CITY-ST-ZIP  | i_   |                           | 6.4 CHY      | r - S1                                       | - 7 P                 |  |  |
| 14. I do 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 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 12 or Block 12 or Block 12 or Block 13 or the corporation and the address. |  |                           |              |  |                       |  |  |