

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 # **S08704** (6)

1. Corporation Name
ALTAMONTE TRANSMISSIONS, INC.

Principal Place of Business

**1216 W. WASHINGTON ST.
ORLANDO FL 32805**

Mailing Address

**1216 W. WASHINGTON ST.
ORLANDO FL 32805**



3. Date Incorporated or Qualified
10/25/1990

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3033909

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KATZ, LAWRENCE H
341 N. MAITLAND AVE., STE. 120
MAITLAND FL 32751**

81 Name **MICHAEL CRISANTE**

82 Street Address (P.O. Box Number is Not Acceptable)
1216 W WASHINGTON ST.

83

84 City **ORLANDO,**

FL

85 Zip Code
32805

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **CRISANTE, MICHAEL C JR.**
STREET ADDRESS **1216 W. WASHINGTON ST.**
CITY-ST-ZIP **ORLANDO FL 32805**

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5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: **Michael Crisante**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

470-5800
Daytime Phone #

CR2E034 (12/95)