

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S09858** (9)

1. Corporation Name
ALEX. M. GLUHAREFF, INC.



Principal Place of Business: **4700 PINE ISLAND ROAD NW, MATLACHA FL 33909, US**
Mailing Address: **P.O. BOX 66, MATLACHA FL 33909-7066**

3. Date Incorporated or Qualified: **10/30/1990**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **65-0230281**
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

2. Principal Place of Business: **4700 PINE ISLAND ROAD NW, MATLACHA FL 33909, US**
2a. Mailing Address: **P.O. BOX 66, MATLACHA FL 33909-7066**

9. Name and Address of Current Registered Agent

**GLUHAREFF, ALEXANDER M.
4700 PINE ISLAND ROAD N.W.
MATLACHA FL 33909**

10. Name and Address of New Registered Agent

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 607.1502, 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 607.070, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **PST**
NAME: **GLUHAREFF, ALEXANDER M.**
STREET ADDRESS: **4700 PINE ISLAND RD NW, MATLACHA FL**
CITY, ST, ZIP: **D**
2. TITLE: **D**
NAME: **GLUHAREFF, ALEXANDER M.**
STREET ADDRESS: **4700 PINE ISLAND DR NW, MATLACHA FL**
CITY, ST, ZIP: **V**
3. TITLE: **V**
NAME: **ROMIG, MARGARET, A**
STREET ADDRESS: **5367 ANN ARBOR DR, BOKEELIA FL**
CITY, ST, ZIP: _____
4. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____
5. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

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 accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 its officer 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: **Alexander M. Gluhareff, Pres** 2/8/96 (941) 283-0220

CR2E034 (12/95)