

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 # **S12926** (9)

1. Corporation Name
GETTEL PROPERTIES, INC.



Principal Place of Business Mailing Address
~~2504 CORTEZ ROAD WEST BRADENTON FL 34207 US~~ ~~1621 CORTEZ ROAD WEST BRADENTON FL 34207~~

3. Date Incorporated or Qualified **11/13/1990** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business 2a. Mailing Address
21 **6423 14 ST W** 26 **6423 14 ST W**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **BRADENTON FL** 27 **BRADENTON FL**
City & State City & State
23 **34207** 25 **MANATEE** 29 **34207** 30 **MANATEE**
Zip Country Zip Country

4. FEI Number **65-0319697** 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

~~GETTEL, JAMES C. 1621 CORTEZ ROAD WEST BRADENTON FL 34207~~

6423 14 ST W BRADENTON FL 34207

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	GETTEL, JAMES
STREET ADDRESS	1621 CORTEZ ROAD WEST 6423 14 ST W
CITY-ST-ZIP	BRADENTON FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, CHARLES L.
STREET ADDRESS	910 FAITH CIR.
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GETTEL, DOUGLAS E.
STREET ADDRESS	150 LONE PINE ROAD
CITY-ST-ZIP	BLOOMFIELD HILLS MI
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ZIOLKOWSKI, HERMAN L.
STREET ADDRESS	1280 N CRANBROOK
CITY-ST-ZIP	BIRMINGHAM MI
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

941-726-5511

Date

Daytime Phone #

CR2E034 (12/95)