

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S18942 (0)**

1. Corporation Name
ALTAMONTE SURVEYING AND PLATTING, INC.



Principal Place of Business Mailing Address
**375 DOUGLAS AVENUE, SUITE 2001
ALTAMONTE SPRINGS FL 32714-1094
US**

3. Date Incorporated or Qualified **11/15/1990** 3a. Date of Last Report **02/24/1995**
4. FEI Number **59-3059020** 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

2. Principal Place of Business 2a. Mailing Address
21 **445 Douglas Ave.** 26 **P.O. Box 16094**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suit 1455** 27
City & State City & State
23 **Altamonte Springs FL** 28 **Altamonte Springs FL**
Zip Country Zip Country
24 **32714** 25 **USA** 29 **32714** 30 **USA**

9. Name and Address of Current Registered Agent

**SOCITRO, MICHAEL W
413 W CITRUS ST
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name **Solitro, Michael W.**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **Altamonte Springs** **FL** 85 Zip Code **32714**

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	NAME	TITLE	NAME
	PST SOLITRO, MICHAEL W. 413 W CITRUS STR ALTAMONTE SPRINGS FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Michael W. Solitro** 11/27/96 (407) 862-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)