

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S19950** (2)
1. Corporation Name
METTLERS, INC.



Principal Place of Business
**35 S BLVD OF PRESIDENTS
SARASOTA FL 34236**

Mailing Address
**35 S BLVD OF PRESIDENTS
SARASOTA FL 34236**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1990	3a. Date of Last Report 04/28/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0236266	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country SARASOTA	29	Country SARASOTA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**METTLER, LOUIS P
35 S BLVD OF PRESIDENTS
SARASOTA FL 34236**

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 607.1508, 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 officer or director who signed this statement

Date

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	METTLER, LOUIS P		
604 NORSOTA WAY		13 STREET ADDRESS	
SARASOTA FL		14 CITY - ST - ZIP	
VTS	METTLER, KATHLEEN F	21 TITLE	22 NAME
604 NORSOTA WAY		23 STREET ADDRESS	
SARASOTA FL		24 CITY - ST - ZIP	
D	METTLER, KATHLEEN F	31 TITLE	32 NAME
604 NORSOTA WAY		33 STREET ADDRESS	
SARASOTA FL		34 CITY - ST - ZIP	
		41 TITLE	42 NAME
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE	52 NAME
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	62 NAME
		63 STREET ADDRESS	
		64 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:

Kathleen F. Mettler **KATHLEEN F. METTLER** 4/30/96 815-388-3981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)