

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

**FILED**  
**Mar 26 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # S27686 (2)**  
1. Corporation Name  
**ARDAMAN & ASSOCIATES, INC.**



Principal Place of Business  
**8008 SOUTH ORANGE AVENUE  
ORLANDO FL 32809**

Mailing Address  
**8008 SOUTH ORANGE AVENUE  
ORLANDO FL 32809**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/28/1991</b>		3a. Date of Last Report <b>04/03/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FET Number <b>59-3049126</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**WISSA, ANWAR E.Z.  
8008 SOUTH ORANGE AVENUE  
ORLANDO FL 32809**

**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 registered agent and title if applicable

(NOTE: Registered Agent signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISSA, ANWAR E.Z.	1.2 NAME	
STREET ADDRESS	400 E COLONIAL DR, 1707	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	1.4 CITY-STATE-ZIP	32803
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARLANGER, JOHN E.	2.2 NAME	
STREET ADDRESS	1038 BUCKWOOD DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	2.4 CITY-STATE-ZIP	32806
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, JOSEPH F	3.2 NAME	
STREET ADDRESS	2614 GRASSMERE LANE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	3.4 CITY-STATE-ZIP	32808
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, GARY H	4.2 NAME	
STREET ADDRESS	7336 QUARTERHORSE RD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	4.4 CITY-STATE-ZIP	34241
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETO, THOMAS J	5.2 NAME	
STREET ADDRESS	1903 CANYONWOOD CT	5.3 STREET ADDRESS	
CITY-STATE-ZIP	VALRICO FL	5.4 CITY-STATE-ZIP	33594
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, SCOTT W	6.2 NAME	
STREET ADDRESS	1500 BRIERCLIFF	6.3 STREET ADDRESS	1500 BRIERCLIFF DR
CITY-STATE-ZIP	ORLANDO FL	6.4 CITY-STATE-ZIP	32806

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:** *JOSEPH F. RYAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

Dynamic Phone

CR2E034 (12/95)