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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Corporatio	MENT # S3424 On Name JETT, RITTER & ASSOCIATE	(· )				
		20, F.A.				
Principal Place		Mailing Address		A TABLIBIA CAD ISUL BIBIO LIBUR BIEN	i digit quadi quali qiqit qi	
2 NORTH TO SARASOTA J US	UTTLE AVENUE EL 34237	2 North-Tuttle ave - Caracota fl 34201 US	NOE			
5 District Di			<u>-</u> .	<ol> <li>Date Incorporated or Qualified 02/25/1991</li> </ol>	3a. Date of Last 04/25/1	
2. Principal Pl	lace of Business  Second St.	2a. Mailing Address	0 =+	4. FEI Number	<u> </u>	Applied For
Suite, Apt.		26 1487 Sc Suite, Apt. #, etc.	scond 5t	65-0241924		Not Applicable
22		27		5. Certificate of Status Desired		75 Additional
City & State	<b>1</b>	City & State	L	6. Election Campaign Financing		e Required
23 Sacc	usota, FL	28 Saraso		Trust Fund Contribution	LJ Ado	. <b>00</b> May Be ded to Fees
4 <sup>2</sup> 342	136 25 US	29 34236	Country	8. This corporation has liability for in	ntangible tax under	
	9. Name and Address of Currer	nt Registered Agent	30 USA	Florida Statutes  Yes		
			81 Name /	10. Name and Address of New Ro	egistered Agent	
	MICHAEL			Samej		
	H-TUTTLE-AVENUE		82 Street Ac	doress (P.O. Box Number is Not Acceptable		
SARASO	OTA FL 34207		83	1 Second Str	<u> (CC) / </u>	
	==: <u></u>		84 City	arasuta		Zip Code
<ol> <li>Pursuant to or registere</li> </ol>	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corr		CL La	registered office
familiar with	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	da. Such change was autnorized ion 607.0505, Florida Statutes.	d by the corporation's bo	poration submits this statement for the purp oard of directors. I hereby accept the appoi	intment as registere	registered onice xd agent. I am
SIGNATURE _						
12.	Signature, typed or printed name of registered agent		E: Registered Agent signature requ		DATE	
TILE I	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
AME	RITTER, MICHAEL P.	☐ DELETE	1. 1 TITLE		Change	☐ Addition
TREE I ADDRESS	2 NORTH TUTTLE AVENUE		1.2 NAME	14 07 / OE+	•	
CITY - ST - ZIP	SARASOT FL		1.3 STREET ADDRESS	14-87 Second St Sarasota, FL	i /	
ITLE		DELETE	1.4 CHTY-ST-ZIP 2 1 TITLE	Sarasoto, Fh	347.2	J
AME			2 1 HILE 22 NAMF	-	Change	■ Addition
TREET ADDRESS						
ITY - ST - ZIP			2.3 STREET ADDRESS			
ITLE		☐ DELETE	2 4 CiTY-ST-ZIP  3. 1 TiTLE		Chanca	- 430/40
AME			3 2 NAME		Change	Addition
TREET ADDRESS			3.3. STREET ADDRESS			
ITY-ST-ZIP			3.4 CITY-ST-ZIP			
TLE		☐ DELETE	4. 1 TITLE		☐ Change	☐ Addition
AME			4.2 NAME		[] Onlings	L] Addition
TREET ADDRESS			4.3 STREET ADDRESS			
TY-ST-ZIP			4.4 CITY - ST - ZIP			
TLF		☐ DELETE	5. 1 TITLE		☐ Change	Addition
AME			52 NAME			<u> </u>
REET ADDRESS			5 3 STREET ADDRESS			
TY-ST-ZIP			5 4 CITY - ST - ZIP			
		☐ DELETE	6 1 TITLE		☐ Change	Addition
ME SEET ADDRESS			62 NAME			<del></del>
REFT ADDRESS			6.3 STREET ADDRESS			
IY-ST-ZIP	cortife that the information of policy and	NI - 1 1 2 2 1 1 2 2 1 1 2 2 2 2 2 2 2 2 2	6.4 CITY - ST - ZIP			
<ol> <li>I do hereby of certify that it oath; that I a appears in E</li> </ol>	certify that the information supplied with the information indicated on this annual am an officer or director of the corporation of the corporatio	th this filing is voluntarily furnished report or supplemental annual ation or the receiver or trustee enter a stackment with an address an attachment with an address and trustee.	ed and does not qualify	for the exemption stated in Section 119.07 ale and that my signature shall have the sa is report as required by Chapter 607, Floric	(3)(k), Florida Statut me legal effect as if da Statutes; and tha	es. I further made under at my name

4/22/46 941-955-8370