

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:43

DOCUMENT # S59769 (7)

1. Corporation Name
ENGWILLER, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
5425 39 STREET. EAST 6539 MAGELLAN COURT
BRADENTON FL 34203 SUITE 105
US SARASOTA FL 34243
US

3. Date Incorporated or Qualified 06/11/1991 3a. Date of Last Report 06/28/1994
4. FEI Number 65-0269471 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
ENGWILLER, JOHN D.
541 SE 15 ST
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
81 Name ENGWILLER, JOHN D SR.
82 Street Address (P.O. Box Number is Not Acceptable) 6539 MAGELLAN CT. # 105
83 SARASOTA
84 City SARASOTA FL 85 Zip Code 34243

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 *John D. Engwiler* JOHN D. ENGWILLER SR. 02-14-95
DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ENGWILLER, JOHN D., SR.
STREET ADDRESS	6539 MAGELLAN COURT, #105
CITY - ST - ZIP	SARASOTA FL
TITLE	S
NAME	ENGWILLER, BEVERLY
STREET ADDRESS	6539 MAGELLAN COURT, #105
CITY - ST - ZIP	SARASOTA FL
TITLE	BM
NAME	ENGWILLER, DAVID
STREET ADDRESS	6539 MAGELLAN COURT, #105
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 checked="" type="checkbox"/> Addition
4.2 NAME	BM H BRENDA LEE HAMMETT
4.3 STREET ADDRESS	6529 MAGELLAN CT #103
4.4 CITY - ST - ZIP	SARASOTA, FL 34243
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BM JOHN D ENGWILLER, JR
5.3 STREET ADDRESS	541 S.E.15thST
5.4 CITY - ST - ZIP	POMPANO BCH, FL 33060
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 110.07(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: *John D. Engwiler Sr* President 02-14-95 813-751-2796
DATE