

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S59769** (7)
1. Corporation Name
ENGWILLER, INC.



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

3. Date Incorporated or Qualified: **06/11/1991**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

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

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. Engwiller Sr* **JOHN D. ENGWILLER SR** 3/12/96
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	ENGWILLER, JOHN D., SR. 6539 MAGELLAN COURT, #105 SARASOTA FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S <input type="checkbox"/> DELETE	ENGWILLER, BEVERLY 6539 MAGELLAN COURT, #105 SARASOTA FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: BM <input type="checkbox"/> DELETE	ENGWILLER, DAVID 6539 MAGELLAN COURT, #105 SARASOTA FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: BM <input type="checkbox"/> DELETE	HAMMETT, BRENDA LEE 6529 MAGELLAN CT., #103 SARASOTA FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: BM <input type="checkbox"/> DELETE	ENGWILLER, JOHN D JR 541 SE 15TH ST POMPANO BEACH FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *John D. Engwiller Sr* **JOHN D. ENGWILLER SR** 3/12/96 941-755-4132
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)

CFR2E034 (12/95)