

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005050 (9)

1. Corporation Name

RUPPANNER ASSOCIATES INTERNATIONAL INC.

Principal Place of Business

13814 LAKE VILLAGE PL
TAMPA FL 33624

Mailing Address

13814 LAKE VILLAGE PL
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/29/1984

3a. Date of Last Report

2. Principal Place of Business

21 1561 SOUTH CONGRESS AVE

2a. Mailing Address

27 1561 SOUTH CONGRESS AVE

4. FEI Number

59-3258964
APPLIED FOR

Applied For

Not Applicable

22 Suite, Apt. #, etc.

SUITE 130

27 Suite, Apt. #, etc.

SUITE 130

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

DELRAY BEACH FL

28 City & State

DELRAY BEACH FL

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24 Zip

33445

25 Country

USA

29 Zip

33445

30 Country

USA

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 A JOHN KNOX ROAD
TALLAHASSEE FL 32304-6643

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCS
NAME RUPPANNER, PAUL A
STREET ADDRESS 13814 LAKE VILLAGE PL
CITY - ST - ZIP TAMPA FL 33624

TITLE WC
NAME MCKAY, J B
STREET ADDRESS 13814 LAKE VILLAGE PL
CITY - ST - ZIP TAMPA FL 33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 P/C/S Change Addition
1.2 NAME RUPPANNER, PAUL A.
1.3 STREET ADDRESS 1561 SOUTH CONGRESS AVE SUITE 130
1.4 CITY - ST - ZIP DELRAY BEACH FL 33445

2.1 TITLE V/T Change Addition
2.2 NAME MCKAY, J.B.
2.3 STREET ADDRESS 1561 SOUTH CONGRESS AVE SUITE 130
2.4 CITY - ST - ZIP DELRAY BEACH FL 33445

3.1 TITLE D Change Addition
3.2 NAME COLIN RUPPANNER
3.3 STREET ADDRESS 1561 SOUTH CONGRESS AVE SUITE 130
3.4 CITY - ST - ZIP DELRAY BEACH FL 33445

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change 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 or attached, or on an attachment with an address.

SIGNATURE:

(Signature of Paul A. Ruppanner)
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

Date

4/14/95

Charity Hester

500-442-7204