

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J00278 (8)

1. Corporation Name
KOENIG CORP.

95 JAN 18 PM 3:56

Principal Place of Business: **9000 SHERIDAN STREET #130 PEMBROKE PINES FL 33024**
Mailing Address: **9000 SHERIDAN STREET #130 PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/20/1985**
3a. Date of Last Report: **03/08/1994**

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

4. FEI Number: **59-2660203** Applied For: Not Applicable
5. Certificate of Status Deigned: **\$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
**KOENIG, PAUL
9000 SHERIDAN STREET
SUITE 130
PEMBROKE PINES FL 33024**

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]* (NOTE: Registered Agent by check required after 1/1/94)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, PAUL	1.2 NAME	
STREET ADDRESS	9000 SHERIDAN ST 130	1.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	1.4 CITY, ST, ZIP	
TITLE	VAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, MICHAEL	2.2 NAME	
STREET ADDRESS	9000 SHERIDAN ST 13	2.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, PAUL	3.2 NAME	
STREET ADDRESS	9000 SHERIDAN ST 130	3.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, MICHAEL	4.2 NAME	
STREET ADDRESS	9000 SHERIDAN ST 130	4.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 133.07(3)(b), Florida Statutes. I further certify that the information indicated on this report and/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 its receiver or trustee and authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or on an attachment with heretofore.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Koenig, Vice President

January 12, 1995 (305) 436-9000
1501 (Caption 1/1/94)