

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 24 PM 4:22

DOCUMENT # **J07841** (6)

1. Corporation Name
AL KUNTZ & ASSOCIATES, INC.

Principal Place of Business Mailing Address
% AL KUNTZ
10840 S.W. 79TH CT.
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

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

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 03/28/1986 | 04/26/1994 |
| 4. FEI Number | Applied For |
| 59-2628000 | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Finance or Trust Fund Contributions | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under § 199.033 Florida Statutes | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

KUNTZ, AL
10840 S.W. 79TH CT.
MIAMI FL 33156

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | FL 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 officer 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 607.0506, Florida Statutes.

SIGNATURE _____
Signature typed in printed name of registered agent and date of signature.

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------|
| TITLE | PD |
| NAME | KUNTZ, AL |
| STREET ADDRESS | 10840 S.W. 79TH CT. |
| CITY, ST, ZIP | MIAMI FL |
| 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
|--|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY, ST, ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY, ST, ZIP | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY, ST, ZIP | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY, ST, ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY, ST, ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY, ST, ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am an officer or director of the corporation or the registered agent 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 this filing.

SIGNATURE: *[Handwritten Signature]* 1/9/95 308 576 3991
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR