FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION 5-1-95 B — FLORIDA DEPARTMENT OF STATE
ANNUAL REPORT
1995
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K22157 (7)

1. Corporate Name
KS ANDERSON & ASSOCIATES, P.A.

Principal Place of Business
203 HICKORY DRIVE
LONGWOOD FL 32779

Mailing Address
203 HICKORY DRIVE
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1988
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
Suite Apt. # or — 22
City & State — 23
City — 24 County — 25

2a. Mailing Address — 26
Suite Apt. # or — 27
City & State — 28
City — 29 County — 30

4. FEI Number: 59-2880530 — 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 elected to be governed under S. 607.0505, Florida Statutes [ ] yes [✓] no

9. Name and Address of Current Registered Agent
ANDERSON, KATHLEEN S.
203 HICKORY DRIVE
LONGWOOD FL 32779

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 607.0501 and 607.0505, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
PSD	ANDERSON, KATHLEEN S.	203 HICKORY DRIVE	LONGWOOD FL 32779

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, 94

Title	Name	Street Address	City, St, Zip	
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and complete 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or attached hereto with an address.

SIGNATURE: Kathleen S. Anderson Pres. 5/1/95 407-862-8672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0044107 CP