FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L91894** **(0)**

1. Corporation Name

BREWER, BEEMER, KUEHNHACKL & KOON, P.A.

Principal Place of Business	Mailing Address
14 E WASHINGTON ST SUITE 400 ORLANDO FL 32801 US	~~2000 SUN BANK CENTER, 200 S. ORANGE AVE.~~ ~~ORLANDO FL 32801~~

2. Principal Place of Business	2a. Mailing Address
21	26 200 S. Orange Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 2300
City & State 23	City & State 28 Orlando, FL
Zip 24 / Country 25	Zip 29 32801-3432 / Country 30

3. Date Incorporated or Qualified: 08/03/1990
3a. Date of Last Report: 03/17/1995
4. FEI Number: 59-3023516 ☐ 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

A.G.C. CO.
200 SOUTH ORANGE AVE
SUITE 2300
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of Registered Agent, and title, if applicable — Date — Registered Agent's signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, KENNETH E., JR.		1.2 NAME		
STREET ADDRESS	4049 CONWAY PLACE CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BEEMER, BRADFORD S.		2.2 NAME		
STREET ADDRESS	430 E. GORE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEUHNHACKL, KURT R.		3.2 NAME		
STREET ADDRESS	1015 ALMOND TREE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOON, DAVID A.		4.2 NAME	200001818032	
STREET ADDRESS	839 DEERWOOD AVE.		4.3 STREET ADDRESS	-05/13/96--01024--027	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5/13/96

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: Kenneth E Brewer KENNETH E BREWER, JR 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

407 649-7923
Daytime Phone

CR2E034 (12/95)