

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Janet B. Mardian  
Secretary of State  
DIVISION OF CORPORATIONS

APR 20 1995

05 MAY - 1 11:16

DOCUMENT # **P93000035508 (9)**

1. Corporation Name

**ANDREW SCOTT KIRSCHNER, INC.**

SECRET  
TALLAHASSEE, FLORIDA

Principal Place of Business

1540 HIGHLAND AVE  
MELBOURNE FL 32905  
US

Mailing Address

1540 HIGHLAND AVE  
MELBOURNE FL 32905  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/14/1993**

3a. Date of Last Report  
**02/28/1994**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29

4. FEI Number

**59-3179918**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has failed to comply with Chapter 6, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**KIRSCHNER, ANDREW S  
1540 HIGHLAND AVE  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.1407 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 607.0915, Florida Statutes.

SIGNATURE

Signature of Registered Agent (print or type name and title)

Signature of Incorporated Agent (print or type name and title)

Date

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>KIRSCHNER, ANDREW S</b>
STREET ADDRESS	<b>738 LOGGERMEAD DRIVE</b>
CITY, ST, ZIP	<b>SATELLITE BCH. FL</b>
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(4)(a), Florida Statutes. I further certify that the information included on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this 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 of this report, or on an attachment with my change.

SIGNATURE:

*Andrew Kirschner*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5/1/95  
DATE

Chapter 607, Florida Statutes