

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000051412 (2)

1. Corporation Name
ENGELL, KEMPER & ASSOCIATES, INC.



Principal Place of Business: 378 WHOOPING LOOP SUITE 1222 ALTAMONTE SPRINGS FL 32701
Mailing Address: 378 WHOOPING LOOP SUITE 1222 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 07/07/1994
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business: 21 401 WHOOPING LOOP Suite, Apt. #, etc.: 22 Suite 1543 City & State: 23 ALTAMONTE SPRINGS FL. Zip: 24 32701 Country: 25 Seminole
2a. Mailing Address: 26 401 WHOOPING LOOP Suite, Apt. #, etc.: 27 Suite 1543 City & State: 28 ALTAMONTE SPRINGS FL. Zip: 29 32701 Country: 30 Seminole

4. FEI Number: 59-3251406 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 [X] No []

9. Name and Address of Current Registered Agent
**ENGELL, SCOTT
378 WHOOPING LOOP
SUITE 1222
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent
81 Name: ENGELL, SCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 401 WHOOPING LOOP
83 Suite 1543
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32701

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: *Scott Engell* Scott Engell 2/13/95
Signature, typed or printed name of board agent and FEI, if applicable (NOTE: Registered Agent signature is required when resigning) DATE

12. OFFICERS AND DIRECTORS
TITLE: D [] DELETE
NAME: ENGELL, SCOTT
STREET ADDRESS: ~~378~~ 401 WHOOPING LOOP SUITE 1222 1543
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701
TITLE: D [] DELETE
NAME: ENGELL, CHRISTINE M
STREET ADDRESS: ~~378~~ 401 WHOOPING LOOP SUITE 1222 1543
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: ENGELL, SCOTT [X] Change [] Addition
1.2 NAME: ENGELL, SCOTT
1.3 STREET ADDRESS: 401 WHOOPING LOOP # 1543
1.4 CITY-ST-ZIP: ALTAMONTE SPRINGS FL- 32701
2.1 TITLE: ENGELL, CHRISTINE [] Change [] Addition
2.2 NAME: ENGELL, CHRISTINE
2.3 STREET ADDRESS: 401 WHOOPING LOOP # 1543
2.4 CITY-ST-ZIP: ALTAMONTE SPRINGS FL- 32701

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: *Scott Engell* Scott Engell 2/13/96 407-831-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)