

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000000901 (5)
 1. Corporation Name
KINZBRUNNER & KINZBRUNNER, PA



Principal Place of Business 4801 S UNIVERSITY DR SUITE 302 DAVIE FL 33328	Mailing Address 4801 S UNIVERSITY DR SUITE 302 DAVIE FL 33328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4801 S UNIVERSITY DR Suite, Apt. #, etc. 22 SUITE 3000 City & State 23 DAVIE, FL Zip 24 33328	2a. Mailing Address 26 4801 S UNIVERSITY DR Suite, Apt. #, etc. 27 SUITE 3000 City & State 28 DAVIE, FL Zip 29 33328	3. Date Incorporated or Qualified 01/01/1995	4. FEI Number 65-0541835	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
KINZBRUNNER, DAVID
4801 S UNIVERSITY DR
SUITE 300-3000
DAVIE FL 33328

10. Name and Address of New Registered Agent
81 Name
KINZBRUNNER, DAVID
82 Street Address (P.O. Box Number is Not Acceptable)
4801 S UNIVERSITY DR
83 SUITE 3000
84 City
DAVIE **85 Zip Code**
FL 33328

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 **DAVID KINZBRUNNER** DATE **2/18/98**

Signature (type or print name of registrant in print) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	KINZBRUNNER, DAVID	
STREET ADDRESS	4801 S UNIVERSITY DR SUITE 302	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/>
NAME	KINZBRUNNER, ZENA	
STREET ADDRESS	4801 S UNIVERSITY DR SUITE 302	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	KINZBRUNNER, DAVID		
1.3 STREET ADDRESS	4801 S UNIVERSITY DR SUITE 3000		
1.4 CITY-ST-ZIP	DAVIE, FL 33328		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	KINZBRUNNER, ZENA		
2.3 STREET ADDRESS	4801 S UNIVERSITY DR SUITE 3000		
2.4 CITY-ST-ZIP	DAVIE, FL 33328		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 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: **DAVID KINZBRUNNER** DATE: **2/18/98** (407) 680-6114

CR2E034 (10/97)