

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000089035 (5)

1. Corporation Name
439 ASSOCIATES, INC.



Principal Place of Business
**STE. 800, 505 WEKIVA SPRINGS RD.
 LONGWOOD FL 32779**

Mailing Address
**STE. 800, 505 WEKIVA SPRINGS RD.
 LONGWOOD FL 32779-3699**

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/29/1996 | 3a. Date of Last Report |
| 4. FEI Number 59-3410482 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132**

10. Name and Address of New Registered Agent
 81 Name
Philip F. Keidaish, Jr.
 82 Street Address (P.O. Box Number is Not Acceptable)
505 Wekiva Springs Road, Suite 800
 83
 84 City
Longwood, Florida FL 85 Zip Code
32779

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as herein, 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 furnished with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Philip F. Keidaish, Jr.** 7/28/97
 (NOTE: Registered agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D MARSHBURN, KEVIN A | 1.2 NAME | |
| STREET ADDRESS | STE. 800, 505 WEKIVA SPRINGS RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LONGWOOD FL 32779 | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 7/28/97 407-862-0314
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)