SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUN 20 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001520207
-06/22/95--01016--020
****225.00 ****225.00

DOCUMENT # **V16114** **(3)**

1. Corporation Name

KELLER, HOUCK & SHINKLE, P.A.

Principal Place of Business	Mailing Address
200 SO. BISC. BLVD. 3460 MIAMI FL 33131 US	200 SO. BISC. BLVD. 3460 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1992	3a. Date of Last Report: 06/09/1994
4. FEI Number: 65-0313103	☐ 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	

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Barbara A Burke 6/14/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required) BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KELLER, JOHN W III	12 NAME	
STREET ADDRESS	5800 MOSS RANCH ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SHINKLE, THEODORE	22 NAME	
STREET ADDRESS	8400 S W 83RD PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOUCK, MARK R	32 NAME	
STREET ADDRESS	1325 OBISPO AVE	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	SSS 6/20/95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Theodore Shinkle 6/13/95 (305)3729044

SIGNATURE OF NEW OFFICER OR DIRECTOR, IF CHANGED / NAME OF PERSON SIGNING OR FILING ON DIRECTION — Date — Daytime Phone Number

0142946 FP