

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V33597** (8)

1. Corporation Name  
**HASKELL & FREDERICK, P.A.**



Principal Place of Business: **426 W. LANCASTER RD. ORLANDO FL 32809**  
Mailing Address: **426 W. LANCASTER RD. ORLANDO FL 32809**

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

3. Date Incorporated or Qualified <b>05/05/1992</b>	3a. Date of Last Report <b>03/08/1995</b>
4. FEI Number <b>59-3122918</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORGAN, ULTIMA D.  
315 E. ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0412, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASKELL, KEITH L.</b>		1. NAME		
STREET ADDRESS	<b>426 W. LANCASTER RD.</b>		1.3 STREET ADDRESS		
CITY-STATE-ZIP	<b>ORLANDO FL</b>		1.4 CITY-STATE-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREDERICK, DONALD J.</b>		2. NAME		
STREET ADDRESS	<b>426 W. LANCASTER RD.</b>		2.3 STREET ADDRESS		
CITY-STATE-ZIP	<b>ORLANDO FL</b>		2.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3. NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4. NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5. NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6. NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied on this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that I am an officer or director of the corporation, or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an amendment with an addition.

SIGNATURE: *Donald J. Frederick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 407 8570990

CR2E034 (12/95)