

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:38

DOCUMENT # **K22317** (7)
1. Corporation Name
738 CORPORATION

Principal Place of Business: **738 LOGGERHEAD ISLAND DR SATELLITE BEACH FL 32937**
Mailing Address: **738 LOGGERHEAD ISLAND DR SATELLITE BEACH FL 32937**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/25/1988**
3a. Date of Last Report Applied For: **02/21/1994**
4. FEI Number: **59-2902458**
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 § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KIRSCHNER, STANLEY M.
738 LOGGERHEAD ISLAND DR
SATELLITE BEACH FL 32937**

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: **FL**

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: _____
Signature (typed or printed name) of registered agent and his or her address: _____
Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: KIRSCHNER, STANLEY M. STREET ADDRESS: 738 LOGGERHEAD ISLAND DR CITY - ST - ZIP: SATELLITE BCH FL	11 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: KIRSCHNER, GREGORY STREET ADDRESS: 738 LOGGERHEAD ISLAND DR CITY - ST - ZIP: SATELLITE BCH FL	21 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: DECLAIRE, TIMOTHY STREET ADDRESS: 959 OSPREY DR CITY - ST - ZIP: MELBOURNE FL	22 NAME: KIRSCHNER, GREGORY	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	23 STREET ADDRESS: 508 ISLAND COURT	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	24 CITY - ST - ZIP: INDIAN HARBOR BCH. FL 32937	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	31 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	32 NAME: _____	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	33 STREET ADDRESS: _____	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	34 CITY - ST - ZIP: _____	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	41 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	42 NAME: _____	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	43 STREET ADDRESS: _____	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	44 CITY - ST - ZIP: _____	
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TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	62 NAME: _____	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	63 STREET ADDRESS: _____	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	64 CITY - ST - ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified for the appointment stated in Section 11 of this report. I further certify that the information indicated on this annual report or supplemental annual report or true and accurate and that my signature shall have the same legal effect as if I had signed in person; 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: *Stanley Kirschner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STANLEY KIRSCHNER**
Date: **1/14/95**
Telephone: **407-773-4600**