

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
State, Apt. #, etc.		State, Apt. #, etc.		04/25/1988		01/19/1995		59-2902458	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required		Applied For	
Zip		Zip		Country		Country		Not Applicable	
24		25		29		30		5. <input type="checkbox"/>	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**KIRSCHNER, STANLEY M.  
738 LOGGERHEAD ISLAND DR  
SATELLITE BEACH FL 32937**

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

11. Pursuant to the provisions of Sections 607.010(2) and 607.150(3), 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 obligation of section 607.010(3), Florida Statutes.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	<b>D KIRSCHNER, STANLEY M. 738 LOGGERHEAD ISLAND DR SATELLITE BCH FL</b>	<input type="checkbox"/> DELETE	
12.2	<b>D KIRSCHNER, GREGORY 508 ISLAND COURT INDIAN HARBOR BEACH FL</b>	<input type="checkbox"/> DELETE	
12.3	<b>D DECLAIRE, TIMOTHY 959 OSPREY DR MELBOURNE FL</b>	<input type="checkbox"/> DELETE	
12.4		<input type="checkbox"/> DELETE	
12.5		<input type="checkbox"/> DELETE	
12.6		<input type="checkbox"/> DELETE	
12.7		<input type="checkbox"/> DELETE	
12.8		<input type="checkbox"/> DELETE	

13.1	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	2. NAME	
13.3	3. STREET ADDRESS	
13.4	4. CITY, ST, ZIP	
13.5	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	6. NAME	
13.7	7. STREET ADDRESS	
13.8	8. CITY, ST, ZIP	
13.9	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	10. NAME	
13.11	11. STREET ADDRESS	
13.12	12. CITY, ST, ZIP	
13.13	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	14. NAME	
13.15	15. STREET ADDRESS	
13.16	16. CITY, ST, ZIP	
13.17	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	18. NAME	
13.19	19. STREET ADDRESS	
13.20	20. CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and available 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 added after filing with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1/31/96

✓ 773-4600

CR2E034 (12/95)