

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000051453 (7)

1. Corporation Name

KERSENBROCK INVESTMENTS COMPANY



Principal Place of Business

305 RUSH ST.
NEW SMYRNA BEACH FL 32170

Mailing Address

P.O. BOX 2796
NEW SMYRNA BEACH FL 32170

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

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25

29

30

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
08/07/1995

4. FLE Number
59-3211384

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERSENBROCK, PAUL H
305 RUSH ST.
NEW SMYRNA BEACH FL 32170

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 title, if applicable

(NOTE: Registered Agent signature must be when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

D
NAME: KERSENBROCK, PAUL H
STREET ADDRESS: 305 RUSH ST.
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32170

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE DELETE

NAME:
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CITY-ST-ZIP:

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***200.00

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 904-426-7898
Date Time Phone #

CR2E034 (12/95)

Handwritten initials and date: AB 4-10-96