FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **414364** **(0)**

1. Corporation Name

KUNDE, SPRECHER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10700 N KENDALL DR S400 MIAMI FL 33176 US	10700 N KENDALL DR S400 MIAMI FL 33176 US

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

3. Date Incorporated or Qualified: **12/11/1972**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-1431362** ☐ 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

SPRECHER, ROBERT C.
10700 N KENDALL DR
S400
MIAMI FL 33176

10. Name and Address of New Registered Agent

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 607.0502 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 individual, and capacity or relationship to corporation) (Registered Agent Signature, if required for electronic filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KUNDE, GEORGE H.		1.2 NAME		
STREET ADDRESS	17401 OLD CUTLER RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPRECHER, ROBERT C.		2.2 NAME		
STREET ADDRESS	7462 SW 166TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BURNS, CATHYANN		3.2 NAME		
STREET ADDRESS	10017 N. MIAMI AVE.		3.3 STREET ADDRESS	8798 PINE BARRENS DR.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	CRUMBLEY, LOY L.		4.2 NAME		
STREET ADDRESS	7462 SW 166TH TERR		4.3 STREET ADDRESS	8308 MADEIRA CT. S.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	T	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SUID, PAUL		5.2 NAME		
STREET ADDRESS	9711 SW 115 AVE		5.3 STREET ADDRESS	5820 CASTLEGATE AVE.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	DAVIE FL 33331	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: _____ PAUL R. SUID 2-13-96 305-279-2298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)