

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # 414364

(0)

1. Corporation Name

KUNDE, SPRECHER & ASSOCIATES, INC.

Principal Place of Business

10700 N KENDALL DR
SUITE 400
MIAMI FL 33176
US

Mailing Address

10700 N KENDALL DR
SUITE 400
MIAMI FL 33176-1475
US

3. Date Incorporated or Qualified
12/11/1972

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

10. Name and Address of New Registered Agent

SPRECHER, ROBERT C
10700 N KENDALL DR
SUITE 400
MIAMI FL 33176

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 registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C/D
NAME KUNDE, GEORGE H
STREET ADDRESS 17401 OLD CUTLER RD
CITY-ST-ZIP MIAMI FL 33157

TITLE P/D
NAME SPRECHER, ROBERT C
STREET ADDRESS 7462 SW 166 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE S/D
NAME BURNS, CATHYANN
STREET ADDRESS 8798 PINE BARRENS DRIVE
CITY-ST-ZIP ORLANDO FL 32817

TITLE V/D
NAME CRUMBLY, LOY L
STREET ADDRESS 8038 MADEIRA CT. SOUTH
CITY-ST-ZIP ORLANDO FL 32836

TITLE
NAME SUID, PAUL
STREET ADDRESS 5820 CASTLEGATE AVENUE
CITY-ST-ZIP DAVIE FL 33331

TITLE V/D
NAME ZENNON, HEDRICK E
STREET ADDRESS 6001 S.W. 17TH ST.
CITY-ST-ZIP PLANTATION FL 33317

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

Robert C Sprecher 3-10-97

305-279-2298

CR2E034 (9/96)