

**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 APR 11 PM 8:34

DOCUMENT # **439371** (6)

1. Corporation Name  
**LOPATKA, MURDOCK, JAMMAL & ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**1347 PALMETTO AVE. 1347 PALMETTO AVE.**  
**WINTER PARK FL 32789 WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/05/1973	01/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1488944	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29	30	Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<b>LOPATKA, MANFRED</b> <b>1347 PALMETTO AVE.,</b> <b>WINTER PARK FL</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LOPATKA, MANFRED</b> <b>1347 PALMETTO AVE.,</b> <b>WINTER PARK FL</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: *Manfred Lopatka* DATE: 04/06/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1 1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMMAL, EMILE E	1 2 NAME	
STREET ADDRESS	1347 PALMETTO AVE	1 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK, FL 0	1 4 CITY - ST - ZIP	
TITLE	PC	2 1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPATKA, MANFRED	2 2 NAME	
STREET ADDRESS	1347 PALMETTO AVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK, FL 0	2 4 CITY - ST - ZIP	
TITLE	DP	3 1 TITLE	D/V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURDOCK, ROBERT K	3 2 NAME	
STREET ADDRESS	1347 PALMETTO AVE	3 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK, FL 0	3 4 CITY - ST - ZIP	
TITLE	V	4 1 TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANN, DAVID	4 2 NAME	
STREET ADDRESS	1347 PALMETTO AVENUE	4 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Manfred Lopatka* DATE: 04/06/95 (407) 644-6777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR