

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
 Sandra B. Morhart
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **504356** (7)
 1. Corporation Name
LOUIS KWALL, P.A.



Principal Place of Business Mailing Address
133 N. FT. HARRISON AVE CLEARWATER FL 34615

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

3. Date Incorporated or Qualified **06/01/1976** 3a. Date of Last Report **04/21/1995**
 4. FEI Number **59-1679212** Applied For **59-1679212** 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
~~GROSS, RAYMOND O
 133 N. FT. HARRISON AVE
 CLEARWATER FL 33515~~

10. Name and Address of New Registered Agent
 81 Name **LOUIS KWALL**
 82 Street Address (P.O. Box Number is Not Acceptable) **133 N. FT. HARRISON AVE**
 83 City **CLEARWATER** FL 85 Zip Code **34615**

11. Pursuant to the provisions of Sections 607.0802 and 607.1908, 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, Section 607.0805, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1-19-96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KWALL, LOUIS | |
| STREET ADDRESS | 133 N. FT. HARRISON AVE. | |
| CITY-ST-ZIP | CLEARWATER, FL 00000 | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | GROSS, RAYMOND O | |
| STREET ADDRESS | 133 N. FT. HARRISON AVE. | |
| CITY-ST-ZIP | CLEARWATER, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|--------------------------|--|
| 11 TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on |
| 12 NAME | Gregory K. Showers | |
| 13 STREET ADDRESS | 1330 N. FT. HARRISON AVE | |
| 14 CITY-ST-ZIP | CLEARWATER, FL 34615 | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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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)(a) 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **LOUIS KWALL** **1-20-96** **813-4414987**

CR2E034 (12/95)