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95 MAY -1 PM 8:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 609786 (9)
1. Corporation Name FISCHER ASSOCIATES, INC.

Principal Place of Business 4545 PLEASANT HILL ROAD, #205 STE - 114 KISSIMMEE FL 34759 US	Mailing Address 4545 PLEASANT HILL ROAD, #205 STE - 114 KISSIMMEE FL 34759 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Delete #205 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Delete #205 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 02/13/1979	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1884088	Applied For ☐ Not Applicable
5. Certificate of Status Desired xxx	\$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. 193.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	
FISCHER, MARGARET H STE - 114 KISSIMMEE FL 34759	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	Add: 4545 Pleasant Hill Road
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 rechartering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, LOUIS E	1.2 NAME	
STREET ADDRESS	4545 PLEASANT HILL ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	1.4 CITY - ST - ZIP	
TITLE	VTS	2.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, MARGARET H	2.2 NAME	
STREET ADDRESS	4545 PLEASANT HILL ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, MARGARET H	3.2 NAME	
STREET ADDRESS	4545 PLEASANT HILL ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, VICKEY S	4.2 NAME	
STREET ADDRESS	4545 PLEASANT HILL RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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)(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 in an attachment with an address.

SIGNATURE:  **Margaret H. Fischer** **4/15/95** **407/847-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #