

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 609786

(9)

1. Corporation Name

FISCHER ASSOCIATES, INC.

Principal Place of Business

4545 PLEASANT HILL RD
STE - 114
KISSIMMEE FL 34759
US

Mailing Address

4545 PLEASANT HILL RD
STE - 114
KISSIMMEE FL 34759
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/13/1979		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1884088		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		XXX \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

FISCHER, MARGARET H
4545 PLEASANT HILL RD
STE 114
KISSIMMEE FL 34759

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	DC
NAME	FISCHER, LOUIS E	1.2 NAME	XXX Change <input type="checkbox"/> Addition
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	PDT
NAME	FISCHER, MARGARET H	2.2 NAME	XXX Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> 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	VS
NAME	WATSON, VICKY S	4.2 NAME	XXX Change <input type="checkbox"/> Addition
STREET ADDRESS	4545 PLEASANT HILL RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE 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 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 on an attachment with an address.

SIGNATURE:

M. Fischer

MARGARET H. FISCHER

4/15/96

407/847-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)