

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 11 PM 8: 35

DOCUMENT # 639254 (2)

1. Corporation Name

SCEARCE, SATCHER & JUNG, P.A.

Principal Place of Business

% KENNETH L. SCEARCE  
631 S. ORLANDO AVENUE, SUITE 200  
WINTER PARK FL 32789

Mailing Address

% KENNETH L. SCEARCE  
631 S. ORLANDO AVENUE, SUITE 200  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>10/01/1979                                                                                                                | 3a. Date of Last Report<br>04/22/1994 |
| 4. FEI Number<br>59-1935870                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under S. 189.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

2. Principal Place of Business

21 243 W. PARK AVENUE  
Suite, Apt. #, etc.

22 SUITE #200

City & State

23 WINTER PARK, FL

Zip

24 32789

Country

25 ORANGE

2a. Mailing Address

26 243 W. PARK AVENUE  
Suite, Apt. #, etc.

27 SUITE #200

City & State

28 WINTER PARK, FL

Zip

29 32789

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SCEARCE, KENNETH L.  
631 S. ORLANDO AVENUE  
SUITE 200  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| 81 Name                                               |                    |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 243 W. PARK AVENUE |
| 83                                                    | SUITE #200         |
| 84 City                                               | WINTER PARK        |
| 85 Zip Code                                           | FL 32789           |

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 reconstituting)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | DP                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SCEARCE, KENNETH L.   | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 851 VIRGINIA DR.      | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | WINTER PARK FL        | 1.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | DS                    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SCEARCE, KENNETH L.   | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 851 VIRGINIA DR       | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | WINTER PARK, FL 00000 | 2.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | DSV                   | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SATCHER, DAVID A      | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 624 BELKIRK DR.       | 3.3 STREET ADDRESS                                    | 624 SELKIRK DR                                                               |
| CITY - ST - ZIP            | WINTER PARK FL        | 3.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      |                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                       | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                       | 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)(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:

*Kenneth L. Scarce*

KENNETH L. SCEARCE

4/4/95

(407) 647-6441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Area #