

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 JUN 14 AM 8:18

DOCUMENT # 674756 (2)

1. Corporation Name
LOUIS KERBER CORP.

Principal Place of Business Mailing Address
SEVILLE M-292 KINGS PT SEVILLE M-292 KINGS PT
DELRAY BEACH FL 33446 DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/25/1980 3a. Date of Last Report 04/20/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2120108		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KERBER, LOUIS SEVILLE M-292 KINGS PT DELRAY BEACH FL 33446				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERBER, LOUIS	12 NAME	
STREET ADDRESS	SEVILLE M292 KINGS PT	13 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERBER, LOUIS	22 NAME	
STREET ADDRESS	SEVILLE M292 KINGS PT	23 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	24 CITY - ST - ZIP	
TITLE	VPD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLIE KERBER	32 NAME	
STREET ADDRESS	SEVILLE M292	33 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA KRIEGER	42 NAME	
STREET ADDRESS	491 E. BLAISDELL DR.	43 STREET ADDRESS	
CITY - ST - ZIP	CLAREMONT CA	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 as changed, or as an attachment with an address.

SIGNATURE: *Louis Kerber* LOUIS KERBER 6/5/95
(Signature and Typed or Printed Name of Signing Officer or Director) (Date)