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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **856874** (3)  
1. Corporation Name  
**FRANK FISHER INVESTMENT CORPORATION**

Principal Place of Business Mailing Address  
**655 LIVE OAK RD.** **655 LIVE OAK RD.**  
**P O BOX 3698** **P O BOX 3698**  
**VERO BCH FL 32984-0698** **VERO BCH FL 32984-0698**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/22/1983</b>	3a. Date of Last Report <b>04/21/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>84-0568681</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip	7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FISHER, FRANK R</b> <b>655 LIVE OAK RD.</b> <b>P O BOX 3698</b> <b>VERO BCH FL 32984</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PO</b>	1.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FISHER, FRANK R</b>	1.2 NAME	<b>FISHER, FAYE R. DECEASED</b>		
STREET ADDRESS	<b>655 LIVE OAK RD.</b>	1.3 STREET ADDRESS	<b>2406 NEWPORT DR.</b>		
CITY - ST - ZIP	<b>VERO BCH, FL 32983</b>	1.4 CITY - ST - ZIP	<b>FORT PIERCE, FL 34983</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<b>VD</b>	2.1 TITLE			
NAME	<b>KLEIN, MARILYN F</b>	2.2 NAME			
STREET ADDRESS	<b>2406 LOGAN DR</b>	2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>LOVELAND, CO 80538</b>	2.4 CITY - ST - ZIP			
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FISHER, FAYE R</b>	3.2 NAME			
STREET ADDRESS	<b>2406 NEWPORT DR</b>	3.3 STREET ADDRESS			
CITY - ST - ZIP	<b>FT PIERCE, FL 34983</b>	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: Frank R. Fisher 4/1/95 407 231 1285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #  
**FRANK R. FISHER**