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ENTERED FEB 1 2 1996

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F00942** (5)

1. Corporation Name

KNEZEVICH AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
641 MOKENA DRIVE MIAMI SPRINGS FL 33166	641 MOKENA DRIVE MIAMI SPRINGS FL 33166

2. Principal Place of Business
21 ___
Suite, Apt #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 10/01/1980

3a. Date of Last Report: 04/04/1995

4. FEI Number: 59-2028106 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $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. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

KNEZEVICH, V.J.
1225 NE 95TH ST
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 ___ DATE ___

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	[ ] DELETE	1-1 TITLE	[✓] Change [ ] Addition
NAME	KNEZEVICH, GERALDINE		1-2 NAME	
STREET ADDRESS	1225 NE 95TH ST		1-3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 00000		1-4 CITY-ST-ZIP	ZIP - 33138
TITLE	PD	[ ] DELETE	2-1 TITLE	[✓] Change [ ] Addition
NAME	KNEZEVICH, VJ		2-2 NAME	
STREET ADDRESS	1225 NE 95TH ST		2-3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 00000		2-4 CITY-ST-ZIP	ZIP - 33138
TITLE	VP	[ ] DELETE	3-1 TITLE	[ ] Change [ ] Addition
NAME	KNEZVICH, JOHN W		3-2 NAME	
STREET ADDRESS	5210 NE 29TH AVENUE		3-3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		3-4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4-1 TITLE	[ ] Change [ ] Addition
NAME			4-2 NAME	
STREET ADDRESS			4-3 STREET ADDRESS	
CITY-ST-ZIP			4-4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5-1 TITLE	[ ] Change [ ] Addition
NAME			5-2 NAME	
STREET ADDRESS			5-3 STREET ADDRESS	
CITY-ST-ZIP			5-4 CITY-ST-ZIP	
TITLE		[ ] DELETE	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)(i), Florida Statutes. I further certify that the information indicated on this 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: X V. J. Knezevich, President 1/17/96 305-883-9571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)