FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

CR2E034 (12/95)

DOCUMENT # F42610 (8)

1. Corporation Name

FENNER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
106 TAINE MOUNTAIN RD BURLINGTON CT 06013 US	106 TAINE MT. ROAD BURLINGTON CT 06013-1913 US

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: 08/31/1981
3a. Date of Last Report: 02/09/1995
4. FEI Number: 59-2117362 [ ] 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**

JENNINGS, DONNA M
2414 SHEFFIELD AVE
ORLANDO FL 32806

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 607.0501 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	PD	[ ] DELETE	1 1 TITLE	[ ] Change [X] Addition
NAME	FENNER, JAMES H		1 2 NAME	
STREET ADDRESS	106 TAINE MOUNTAIN RD		1 3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON CT		1 4 CITY-ST-ZIP	06013 - 1913
TITLE	D	[ ] DELETE	2 1 TITLE	[ ] Change [ ] Addition
NAME	JENNINGS DONNA M		2 2 NAME	
STREET ADDRESS	2414 SHEFFIELD AVENUE		2 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2 4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	3 1 TITLE	[ ] Change [ ] Addition
NAME	FENNER, MARILYN B.		3 2 NAME	
STREET ADDRESS	106 TAINE MOUNTAIN ROAD		3 3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON CT		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)(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: James H Fenner JAMES H. FENNER 1/16/96 860-673-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #