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

DOCUMENT # F55901 (5)

1. Corporation Name
KNECHT & KNECHT, P.A.

Principal Place of Business	Mailing Address
A PROFESSIONAL ASSOCIATION C/O 2600 DOUGLAS ROAD. SUITE 411 CORAL GABLES FL 33134	A PROFESSIONAL ASSOCIATION C/O 2600 DOUGLAS ROAD. SUITE 411 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 11/20/1981
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business	2a. Mailing Address
21 INACTIVE	26 1450 Madruga Avenue
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 Suite 210
City & State 23	City & State 28 Coral Gables, Florida
Zip 24 / Country 25	Zip 29 33146 / Country 30 USA

4. FEI Number: 59-2225566 ☐ 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

KNECHT, HAROLD C., JR.
2600 DOUGLAS ROAD STE 411
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: (ADDRESS CHANGE ONLY)
82 Street Address (P.O. Box Number is Not Acceptable): 1450 Madruga Avenue
83 Suite 210
84 City: Coral Gables FL 85 Zip Code: 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KNECHT, HAROLD C. JR.	1.2 NAME	
STREET ADDRESS	STE 411 2600 DOUGLAS RD.	1.3 STREET ADDRESS	1450 Madruga Avenue, Suite 210
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KNECHT, STEPHEN M.	2.2 NAME	
STREET ADDRESS	STE 411 2600 DOUGLAS RD.	2.3 STREET ADDRESS	1450 Madruga Avenue, Suite 210
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, Florida 33146
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E034 (12/95)

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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAROLD C. KNECHT, JR.

7/30/96 (Date) (305) 668-9885 (Daytime Phone #)