SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORFORATIONS

1996

DOCUMENT #
1. Corporation Name F91680 (1)

KOWALSKI & DERFEL, P.A.

Principal Prace of Business		Mailing Address					BIBIT DIET OF SIE OIBIT DIET BIEF HOU
402 SEABRE STE D DAYTONA BI	EZE BLVD EACH FL 32118	P.O. BOX 68 Daytona Beach Fl. 32	115			Date Incorporated or Qualified	3a. Date of Last Report
us						07/22/1982	08/09/1995
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-2205871	Not Applicable
Suite, Apt	#, etc	Suite Apt #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country			8. This corporation has liability for in	- —
24	25	29	30	r		10. Name and Address of New Regi	Yes No
	9. Name and Address of Curren	it Registered Agent		81	Name	IU. Name and Address of New Regi	stered Agent
KOWALSKI, RONALD E 402 D SEABREEZE BLVD				82	Stroot Add	dress (P.O. Box Number is Not Acceptable)
DAYTONA BEACH FL 32115-0068					SHEEL AUG	1855 (F.O. Box Number 15 Not Acceptable	/
_				83			
				84	City		85 Zip Code
11 Purcuani	to the provisions of Sactions 607 050	2 and 607 1508 Florida Statut	ac tha at	1	named corr	poration submits this statement for the pur	FL 33 2.17 Gode
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	authorizec	i by	the corporat	lion's board of directors. Thereby accept the	ne appointment as registered
	am familiai wiin, and accept the obliga	anons or Section 667.6365, Fit	onda atau	uies			
SIGNATURE	Signature, typed or printed hans of registered age			d Age	nt signatura requ	ired when renauting)	DATE
12.		OFFICERS AND DIRECTORS PTD DELETE		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
TITLE	VOWALOUI DONALD F			1.1 HTUF 1.2 NAME			Change Addition
NAME STREET ADDRESS	AND D CHADDERTE DIVID				ADDRESS		
CITY - ST - ZIP	DAYTONA BEACH, FL 00000		1.4 CITY - ST - ZIP				
TITLE	VSD DELETE 2		2 1 TI				Change Addition
NAME	DERFEL, B R		2.2 NAME				
STREET ADDRESS		235		TREET	ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 00000				ST ZIP		
TITLE		DELETE	317				Change Addition
NAME STREET ADDRESS			32 N		ADORESS		
CITY - ST - ZIP			•		ST-ZIP		
TITLE				4 1 TITLE			Change Addition
NAME			4 2 1	MAME			
STREET ADDRESS			435	THEET	ADDRESS		
CITY - ST - ZIP			440	ITY - S	ST-ZIP		
TITLE		DELETE	5 1 T				Change Addition
NAME			52N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE	5 4 C		ST-ZIP		Change Addition
TITLE NAME		E" DEFELE	62N				L. Susud. [1] Manual
STREET ADDRESS					FADORESS		
CITY-ST-ZIP					ST - ZIP		
14 Ldo borr	aby cortify that the information supplies	of with this films is reduntable for				alify for the exemption stated in Section 11	9.07(3)(k) Florida Statutes I

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 1.19 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, trial I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Dispose Place.