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May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000002308 (3)

1. Corporation Name  
NEIBAUER & ASSOCIATES, INC.



Principal Place of Business: % LAWRENCE L. NEIBAUER, 841 EAGLE CLAW CT., LAKE MARY FL 32746-4881  
Mailing Address: % LAWRENCE L. NEIBAUER, 841 EAGLE CLAW CT., LAKE MARY FL 32746-4881

3. Date Incorporated or Qualified: 05/11/1995  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.  
4. FEI Number: 36-3995046  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: NEIBAUER, LAWRENCE L, 841 EAGLE CLAW CT., LAKE MARY FL 32746-4881  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	NEIBAUER, LAWRENCE L	1.2 NAME	
STREET ADDRESS	841 EAGLE CLAW CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL 32746-4881	1.4 CITY - ST - ZIP	
TITLE	SD [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	NEIBAUER, RUTH ANN	2.2 NAME	
STREET ADDRESS	841 EAGLE CLAW CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL 32746-4881	2.4 CITY - ST - ZIP	
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RUTH ANN NEIBAUER DATE: 4/28/97 DAYTIME PHONE #: (407) 322-6288

CR2E034 (9/96)