

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G66918 (5)**

1. Corporation Name **SINGHOFEN & ASSOCIATES, INC.**



Principal Place of Business

**7123 UNIVERSITY BLVD WINTER PARK FL 32792**

Mailing Address

**7123 UNIVERSITY BLVD WINTER PARK FL 32792**

2. Principal Place of Business

2a. Mailing Address

21 **6961 University Blvd.**

26 **6961 University Blvd.**

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23 **Winter Park, FL**

28 **Winter Park, FL**

Zip Country

Zip Country

24 **32792**

25

29 **32792**

30

g. Name and Address of Current Registered Agent

**KCARDI, JEFFREY A. 990 LEWIS DRIVE WINTER PARK FL 32789**

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 607.0602 and 607.1009, 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 607.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>	<input type="checkbox"/> DELETE
NAME	<b>SINGHOFEN, PETER J.</b>	
STREET ADDRESS	<b>7123 UNIVERSITY BLVD</b>	
CITY-STATE-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PENNELL, ALFRED B</b>	
STREET ADDRESS	<b>7123 UNIVERSITY BLVD</b>	
CITY-STATE-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SINGHOFEN, ANNAMARIE F</b>	
STREET ADDRESS	<b>7123 UNIVERSITY BLVD</b>	
CITY-STATE-ZIP	<b>WINTER PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>6961 University Blvd.</b>
14 CITY-STATE-ZIP	<b>Winter Park, FL 32792</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>6961 University Blvd.</b>
24 CITY-STATE-ZIP	<b>Winter Park, FL 32792</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>6961 University Blvd.</b>
34 CITY-STATE-ZIP	<b>Winter Park, FL 32792</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 secretary 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 additional block with an address.

SIGNATURE: *Annamarie F. Singhofen* 3-29-96 (409) 699-3001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Annamarie F. Singhofen**

CR2E034 (12/95)