

FILED

Aug 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G79284 (7)  
1. Corporation Name  
KATHERINE I. HUMMEL, P.A.

Principal Place of Business	Mailing Address
1735 FLAMINGO DR. ORLANDO FL 32803	1735 FLAMINGO DR. ORLANDO FL 32803

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

g. Name and Address of Current Registered Agent	
<b>HUMMEL, KATHERINE</b> <b>1735 FLAMINGO DR.</b> <b>ORLANDO FL 32803</b>	81 Name
	82 Street Address 237
	83
	84 City MA

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* *Arno (CARA)*

\_\_\_\_\_  
Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)

12. OFFICERS AND DIRECTORS		13.	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	
NAME	HUMMEL, KATHERINE I	1.2 NAME	
STREET ADDRESS	1735 FLAMINGO DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	HUMMEL, MICHAEL G	2.2 NAME	
STREET ADDRESS	1735 FLAMINGO DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified <b>01/18/1984</b>	3a. Date of Last Report <b>11/14/1996</b>	
4. FEI Number <b>59-2372711</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent <b>ALDO ICAPI</b> (P.O. Box Number is Not Acceptable) <b>LOOKOUT PL BOX 1656</b>		
<b>FL</b>		85 <b>32751</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. It appears in Block 12 or Block 13 if changed, or on an attachment with an address.

[illegible]

CP2E034 (4/97)