

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G79284
1. Corporation Name
KATHERINE I. HUMMEL, P.A.

Principal Place of Business 1735 Flamingo Dr. Orlando, FL 32803	Mailing Address 1735 Flamingo Dr. Orlando, FL 32803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 237 Lookout Place Suite, Apt. #, etc. 22 Suite 200 City & State 23 Maitland, FL Zip 24 32751	2a. Mailing Address 26 237 Lookout Place Suite, Apt. #, etc. 27 Suite 200 City & State 28 Maitland, FL Zip 29 32751	Country 25 Orange 30 Orange
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3. Date incorporated or Qualified 01/18/1984	4. FEI Number 59-2372711	Applied For <input type="checkbox"/> Not Applicac
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

9. Name and Address of Current Registered Agent
HUMMEL, KATHERINE
1735 Flamingo Dr.
Orlando, FL 32803

10. Name and Address of New Registered Agent
81 Name ALDO ICARDI
82 Street Address (P.O. Box Number is Not Acceptable)
237 Lookout Place, Suite 100
83
84 City Maitland FL 85 Zip Code 32751

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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* ALDO ICARDI 5-23-98
Signature (type or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HUMMEL, KATHERINE I. 1735 Flamingo Dr. Orlando, FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS HUMMEL, MICHAEL G. 1735 Flamingo Dr. Orlando, FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add:
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	237 Lookout Place, Suite 200 Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add:
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S ICARDI, ALDO 237 Lookout Place, Suite 100 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add:
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add:
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add:
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	800002550588 -06/08/98--D1020--021 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add:

14. I 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 in an attachment with an address.

SIGNATURE: *[Signature]* Sec. (407) 647-1859 4/29/98