FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H74333** **(6)**

1. Corporation Name

BEHUNE, ASSEF & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% RONALD ASSEF 2452 PGA BLVD. PALM BCH. GARDENS FL 33410 US	% RONALD ASSEF 2452 PGA BLVD. PALM BCH. GARDENS FL 33410 US

3. Date Incorporated or Qualified: **09/03/1985**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2814397** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has validly elected subchapter S status under § 1362 of the Internal Revenue Code. Florida Shareholders: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ASSEF, RONALD
2452 PGA BLVD.
PALM BCH. GARDENS FL 33410

10. Name and Address of New Registered Agent

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 Section [illegible] 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. The corporation is authorized by its corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of [illegible] Florida Statutes.

SIGNATURE(S)

12. OFFICER AND DIRECTOR DATA

Title	PD
Name	ASSEF, RONALD
Street Address	13191 LA LIQUE CT.
City, State, Zip	PALM BCH.GARDENS FL

Title / Name / Street Address / City, State, Zip

Title / Name / Street Address / City, State, Zip

Title / Name / Street Address / City, State, Zip

Title / Name / Street Address / City, State, Zip

Title / Name / Street Address / City, State, Zip

Title / Name / Street Address / City, State, Zip

13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR DATA

☐ Change ☐ Addition
Title / Name / Street Address / City, State, Zip

☐ Change ☐ Addition
Title / Name / Street Address / City, State, Zip

☐ Change ☐ Addition
Title / Name / Street Address / City, State, Zip

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☐ Change ☐ Addition
Title / Name / Street Address / City, State, Zip

☐ Change ☐ Addition
Title / Name / Street Address / City, State, Zip

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section [illegible] 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 [illegible] Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] ASSEF — 4/28/95 — 407 775 9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Area Code & Daytime Phone Number

0249693 CP