

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H76302** (9)

1. Corporation Name

R. E. FISHER & ASSOCIATES, INC.



Principal Place of Business

**6315 GAGE PLACE B305
MIAMI LAKES FL 33014**

Mailing Address

**6315 GAGE PLACE B305
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified 09/12/1985	3a. Date of Last Report 03/08/1995
4. FEI Number 59-2586238	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SIEGEL, STEPHEN S.
7411 MIAMI LAKES DR.
MIAMI LAKES FL 33014**

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 Sections 607.0502 and 607.1503, 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

(Signer must be officer or director of corporation and file if applicable)

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. 1 TITLE	Change Addition
NAME	STREET ADDRESS	1. 2 NAME	
CITY-ST-ZIP		1. 3 STREET ADDRESS	
TITLE	NAME	1. 4 CITY-ST-ZIP	Change Addition
NAME	STREET ADDRESS	2. 1 TITLE	Change Addition
CITY-ST-ZIP		2. 2 NAME	
TITLE	NAME	2. 3 STREET ADDRESS	
NAME	STREET ADDRESS	2. 4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP		3. 1 TITLE	Change Addition
TITLE	NAME	3. 2 NAME	
NAME	STREET ADDRESS	3. 3 STREET ADDRESS	
CITY-ST-ZIP		3. 4 CITY-ST-ZIP	Change Addition
TITLE	NAME	4. 1 TITLE	Change Addition
NAME	STREET ADDRESS	4. 2 NAME	
CITY-ST-ZIP		4. 3 STREET ADDRESS	
TITLE	NAME	4. 4 CITY-ST-ZIP	Change Addition
NAME	STREET ADDRESS	5. 1 TITLE	Change Addition
CITY-ST-ZIP		5. 2 NAME	
TITLE	NAME	5. 3 STREET ADDRESS	
NAME	STREET ADDRESS	5. 4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP		6. 1 TITLE	Change Addition
TITLE	NAME	6. 2 NAME	
NAME	STREET ADDRESS	6. 3 STREET ADDRESS	
CITY-ST-ZIP		6. 4 CITY-ST-ZIP	Change Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 11/96 (905) 557-4006

CR2E034 (12/95)