

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

FILED  
Mar 25 1997 8:00am  
Secretary of State



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

PROFIT CORPORATION  
ANNUAL REPORT  
1997

DOCUMENT # J18940 (3)  
1. Corporation Name  
DENNIS P. KOEHLER, P.A.



Principal Place of Business: CONGRESS BUSINESS CENTER, 1280 N. CONGRESS AVE., STE. 213, W. PALM BCH. FL 33409  
Mailing Address: CONGRESS BUSINESS CENTER, 1280 N. CONGRESS AVE., STE. 213, W. PALM BCH. FL 33409-6377

|   |  |                        |  |   |                                |
|---|--|------------------------|--|---|--------------------------------|
| 2. Principal Place of Business  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc. |  | 07/01/1986  | 05/01/1996                     |
| 22 City & State   |  | 27 City & State        |  | 4. FEI Number   | Applied For                    |
| 23 Zip  |  | 28 Zip                 |  | 59-2696075  | Not Applicable                 |
| 24 Country  |  | 29 Country             |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 25  |  | 30                     |  | <input type="checkbox"/>  |                                |
| 9. Name and Address of Current Registered Agent   |  |                        |  | 8. Election Campaign Financing Trust Fund Contribution                                  |                                |
| KOEHLER, DENNIS P ESQ.<br>1280 CONGRESS AVE., STE. 213<br>WEST PALM BEACH FL 33409  |  |                        |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                                    |                                |
| 11. Pursuant to the provisions of Sections 607.0802 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 607.0505, Florida Statutes. |  |                        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
|   |  |                        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |                                |

|  |  |   |                |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent                                    |  | 10. Name and Address of New Registered Agent          |                |
| KOEHLER, DENNIS P ESQ.<br>1280 CONGRESS AVE., STE. 213<br>WEST PALM BEACH FL 33409 |  | 81 Name   |                |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                |
|  |  | 83  |                |
|  |  | 84 City   | FL 85 Zip Code |

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | P KOEHLER, DENNIS P             | 1.2 NAME  |   |
| STREET ADDRESS             | 1966 RICHARD LANE               | 1.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | W. PALM BCH. FL 33406           | 1.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | D KOEHLER, GAY M                | 2.2 NAME  |   |
| STREET ADDRESS             | 1966 RICHARD LANE               | 2.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | W. PALM BCH. FL                 | 2.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                 | 6.4 CITY- ST- ZIP                                     |   |

14. I do 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 included 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: *Dennis P. Koehler* DENNIS P. KOEHLER 3/20/97 (561) 684-2844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)