

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **J36341** (2)

1. Corporation Name  
**HARRIS, KUKEY & HELGESEN, P.A.**



Principal Place of Business: **11380 PROSPERITY FARMS RD. SUITE 201 PALM BEACH GARDENS FL 33410**  
Mailing Address: **11380 PROSPERITY FARMS RD. SUITE 201 PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified: **10/06/1986**  
3a. Date of Last Report: **02/01/1995**  
4. FEI Number: ~~59-2762707~~ **Should Be 59-2738862**  
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 liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**KUKEY, LAWRENCE M.  
11380 PROSPERITY FARMS ROAD  
SUITE 201  
PALM BEACH 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  
85. Zip Code **FL**

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 607.0105, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of registered agent (check appropriate box) \_\_\_\_\_ DATE Registered Agent signature (check when registering)

**12. OFFICERS AND DIRECTORS**

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KUKEY, LAWRENCE M.	
STREET ADDRESS	11380 PROSPERITY FMS 201	
CITY, ST, ZIP	PALM BCH GARDENS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, GEORGE E.	
STREET ADDRESS	11380 PROSPERITY FMS 201	
CITY, ST, ZIP	PALM BCH GARDENS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HELGESEN, ANDREW	
STREET ADDRESS	11380 PROSPERITY FMS 201	
CITY, ST, ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 financial 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 (changed), or on an attachment, with my address.

SIGNATURE: *Lawrence M. Kukey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 407-622-7755  
DATE DAY/STATE PHONE #

CR2E034 (12/95)