

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J78432** (8)

1. Corporation Name  
**FOURNIER, PRETSCHNER & REINICKE, A PROFESSIONAL ASSOCIATION**



Principal Place of Business: % ROBERT M. PRETSCHNER, 1800 SECOND ST #803, SARASOTA FL 34236  
Mailing Address: % ROBERT M. PRETSCHNER, 1800 SECOND ST #803, SARASOTA FL 34236

2. Principal Place of Business: 21, 22, 23, 24, 25  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 06/18/1987  
3a. Date of Last Report: 04/20/1995  
4. FEI Number: 59-2816863  
5. Certificate of Status Desired: [ ]  
6. Election Campaign Financing Trust Fund Contribution: [ ]  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [x] No

9. Name and Address of Current Registered Agent  
**PRETSCHNER, ROBERT M.  
1800 SECOND ST #803  
1800 SECOND STREET  
SARASOTA FL 34236**

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 607.02(2) and 607.16(3), 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 obligation of, Section 607.02(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	FOURNIER, ROBERT M	
STREET ADDRESS	5673 CREEKWOOD DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	[ ] DELETE
NAME	PRETSCHNER, ROBERT M.	
STREET ADDRESS	214 WOODLAND DRIVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	[ ] DELETE
NAME	REINICKE, STEPHANIE	
STREET ADDRESS	1714 WARDEMERE ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 NAME	[ ] Change [ ] Addition
13 STREET ADDRESS	
14 CITY-ST-ZIP	[ ] Change [ ] Addition
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	[ ] Change [ ] Addition
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	[ ] Change [ ] Addition
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	[ ] Change [ ] Addition
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	[ ] Change [ ] Addition
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information provided in this filing is true and my (and each of us) for the registration of this corporation in Section 119.07(3)(c), 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 this corporation or its 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 of this report.

SIGNATURE: *Robert M. Fournier* Robert M. Fournier, Pres. 4/5/96 (941) 957-3980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)