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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J78432 (8)  
1. Corporation Name  
FOURNIER & PRETSCHNER, 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 34236-5955

|   |                        |   |                                |
|---|------------------------|---|--------------------------------|
| 2. Principal Place of Business  | 2a. Mailing Address    | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21 22 So Tuttle Avenue  | 26 22 So Tuttle Avenue | 06/18/1987  | 04/15/1996                     |
| 22 Suite 4  | 27 Suite 4             | 4. FEI Number   | Applied For                    |
| 23 Sarasota FL  | 28 Sarasota, FL        | 59-2816863  | Not Applicable                 |
| 24 34237  | 29 34237               | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 25 Sarasota   | 30 Sarasota            | <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 9. Name and Address of Current Registered Agent   |                        | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
| PRETSCHNER, ROBERT M.<br>1800 SECOND ST #803<br>1800 SECOND STREET<br>SARASOTA FL 34236 |                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                |

|   |  |   |                     |
|---|--|---|---------------------|
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent          |                     |
| PRETSCHNER, ROBERT M.<br>1800 SECOND ST #803<br>1800 SECOND STREET<br>SARASOTA FL 34236 |  | 81 Name   | Robert M. Fournier  |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) | 22 So Tuttle Avenue |
|   |  | 83  | Suite 4             |
|   |  | 84 City   | Sarasota            |
|   |  | 85 Zip Code   | FL 34237            |

11. Pursuant to the provisions of Sections 607.0505 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.

SIGNATURE: *Robert M. Fournier* DATE: 4/2/97

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FOURNIER, ROBERT M                           | 1.2 NAME  |   |
| STREET ADDRESS             | 5673 CREEKWOOD DR                            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SARASOTA FL                                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PRETSCHNER, ROBERT M.                        | 2.2 NAME  |   |
| STREET ADDRESS             | 214 WOODLAND DRIVE                           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OSPREY FL                                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | REINICKE, STEPHANIE                          | 3.2 NAME  |   |
| STREET ADDRESS             | 1714 WARDEMERE ST                            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SARASOTA FL                                  | 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 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 both, in attachment with an address.

SIGNATURE: *Robert M. Fournier* DATE: 4/2/97 (941) 957-3980

CR2E034 (9/96)