

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

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K36633 (1)**  
 1. Corporation Name  
**AUGUST, COMITER, KULUNAS & SCHEPPS, P.A.**



Principal Place of Business <b>250 AUSTRALIAN AVENUE SOUTH                  SUITE 1100                  WEST PALM BEACH FL 33401</b>	Mailing Address <b>250 AUSTRALIAN AVENUE SOUTH                  SUITE 1100                  WEST PALM BEACH FL 33401-5014</b>
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3. Date Incorporated or Qualified <b>10/03/1988</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>65-0085292</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country	29. State, Apt. #, etc.	30. City & State	31. Zip	32. Country
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**9. Name and Address of Current Registered Agent**

**KULUNAS, JOSEPH J.  
 250 AUSTRALIAN AVENUE SOUTH  
 SUITE 1100  
 WEST PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83. City  
 84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>AUGUST, JERALD DAVID</b>	
STREET ADDRESS	<b>250 AUSTRALIAN AVE. S.</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>COMITER, RICHARD B.</b>	
STREET ADDRESS	<b>250 AUSTRALIAN AVE. S</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KULUNAS, JOSEPH J.</b>	
STREET ADDRESS	<b>250 AUSTRALIAN AVE. S</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
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 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, trustee, or assignee 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:** *Jerald August* **4-18-97** **561 835 9600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)