


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

FILED
May 13 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

1. Corporation Name: **KATHERINE LANDFAIR, C.P.A., P.A.**
 DOCUMENT # **K58555**

Mailing Address: **C/O KATHERINE LANDFAIR 112 ORLANDO, FL 32804**
 Principal Place of Business: **C/O KATHERINE LANDFAIR 112 ORLANDO, FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/13/1989**
 3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-2021179**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75**
 6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

7. Nonprofit Exempt from \$188.75 Supplemental Fee:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address: **4113 Fairview Vista Point**
 Suite, Apt. #, etc: **112**
 City & State: **Orlando, FL**
 Zip: **32804-2745**
 Country: **Orange**

2a. Principal Place of Business: **4113 Fairview Vista Point**
 Suite, Apt. #, etc: **112**
 City & State: **Orlando, FL**
 Zip: **32804-2745**
 Country: **Orange**

9. Name and Address of Current Registered Agent:
LANDFAIR, KATHERINE
4113 FAIRVIEW VISTA POINT
#112
ORLANDO, FL 32804

10. Name and Address of New Registered Agent:
 81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable):
 83:
 84 City: **ORLANDO**
 85 Zip Code: **FL 32804-2745**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0602 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: *Katherine Landfair* DATE: **4/30/97**
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	LANDFAIR, KATHERINE
1.3 STREET ADDRESS	4113 FAIRVIEW VISTA PT #112
1.4 CITY-ST-ZIP	ORLANDO, FL
2.1 TITLE	PST
2.2 NAME	LANDFAIR, KATHERINE
2.3 STREET ADDRESS	4113 FAIRVIEW VISTA PT #112
2.4 CITY-ST-ZIP	ORLANDO, FL
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ORLANDO, FL 32804-2745
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	4113 FAIRVIEW VISTA PT #112
2.4 CITY-ST-ZIP	ORLANDO, FL 32804-2745
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	200002189222
5.4 CITY-ST-ZIP	-05/23/97--01005--049
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	***165.00
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)(4), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(4) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katherine Landfair* Katherine Landfair 4/30/97 407-291-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05
5/13/97