

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

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L13168** (4)

1. Corporation Name:
KENNETH C. SUNDHEIM, ESQUIRE, PROFESSIONAL ASSOCIATION

Principal Place of Business % KENNETH C SUNDHEIM 10694 S FEDERAL HWY., SUITE B PORT ST LUCIE FL 34952	Mailing Address % KENNETH C SUNDHEIM 10694 S FEDERAL HWY., SUITE B PORT ST LUCIE FL 34952-6404
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2. Principal Place of Business
21 **329 E. OCEAN BLVD**

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **STUART FL.**

City & State

23 **34994 USA**

City & State

24 **34994**

Zip

25 **USA**

Country

26 **34994**

Zip

27 **USA**

Country

28 **34994**

Zip

29 **USA**

Country

30 **34994**

Zip

31 **USA**

Country

32 **34994**

Zip

33 **USA**

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34 **34994**

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35 **USA**

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59 **USA**

Country

60 **34994**

Zip

61 **USA**

Country

62 **34994**

Zip

63 **USA**

Country

64 **34994**

Zip

65 **USA**

Country

66 **34994**

Zip

67 **USA**

Country

68 **34994**

Zip

69 **USA**

Country

70 **34994**

Zip

3. Date Incorporated or Qualified
08/30/1989

3a. Date of Last Report
06/25/1996

4. FEI Number
65-0144632

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

81 Name **KENNETH C. SUNDHEIM**

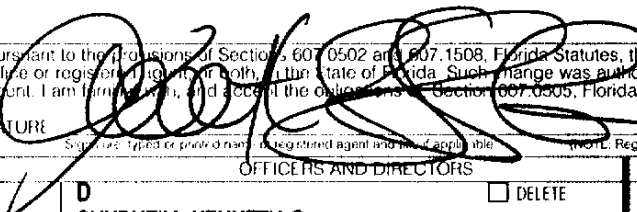
82 Street Address (P.O. Box Number is Not Acceptable)
329 E. Ocean Blvd.

83 **STUART FL.**

84 **FL**

85 **34994**

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 in both 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 furnishing, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  DATE

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	SUNDHEIM, KENNETH C		1.2 NAME	
STREET ADDRESS	1886 NE MEDIA AVE		1.3 STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL		1.4 CITY - ST - ZIP	
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDHEIM, KENNETH C.		2.2 NAME	
STREET ADDRESS	1886 NE MEDIA AVE		2.3 STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL		2.4 CITY - ST - ZIP	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, KATHLEEN L		3.2 NAME	
STREET ADDRESS	10694 S FEDERAL HWY SUITE B		3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST LUCIE 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 submitted 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 registered agent 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 or any attachment with an address.

SIGNATURE:  DATE **1-29-97** 561-781-7727

CR2E034 (9/96)