


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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L77913** (6)
1. Corporation Name
D.S. KOERNER GROUP, INC.

Principal Place of Business 9900 W. SAMPLE ROAD STE 300 CORAL SPRINGS FL 33065 US	Mailing Address 9900 W. SAMPLE ROAD STE 300 CORAL SPRINGS FL 33065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10715 N.W. 19th PLACE Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS, FL. Zip 24 33071 Country 25 BROWARD	2a. Mailing Address 26 10715 N.W. 19th PLACE Suite, Apt. #, etc. 27 City & State 28 CORAL SPRINGS, FL. Zip 29 33071 Country 30 BROWARD	3. Date Incorporated or Qualified 06/05/1990 4. FEI Number 65-0202712 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent KOERNER, DONALD S. 9900 W. SAMPLE ROAD SUITE 300 CORAL SPRINGS FL 33065	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOERNER, BARBARA A.	1.2 NAME	
STREET ADDRESS	9900 W SAMPLE ROAD STE 300	1.3 STREET ADDRESS	10715 N.W. 19th PLACE
CITY-ST-ZIP	CORAL SPRGS FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOERNER, DONALD S.	2.2 NAME	
STREET ADDRESS	9900 W. SAMPLE ROAD, STE 300	2.3 STREET ADDRESS	10715 N.W. 19th PLACE
CITY-ST-ZIP	CORAL SPRGS FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 on an attachment with an address.

SIGNATURE: **Donald S. Koerner** 4-20-98 954-755-4131

CR2E034 (10/97)