FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M70011 **DOCUMENT #** 1. Corporation Name

(5)

DAVID A. KINTNER, INC.

Principal Place o	of Business	Maling Address				
356 RIVER ED JUPITER FL 3		356 RIVER EDGE ROAD JUPITER FL 33477				
				 Date Incorporated or Qualified 02/24/1988 	3a. Date of Las 04/20/	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 65-0040541		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	DK.)	.75 Additional ee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	1 1 7 1	5.00 May Be dded to Fees
Zip Country 24 25		Zip	Country 30	This corporation has liability for intangible tax under s 199.032, Florida Statutes		
F-1	9. Name and Address of Curre			10. Name and Address of New	Registered Agent	
-JUNO B	10 10 000 000	NTRACOASTAL TO 401 ER, FL 33477	uithe above papied pagic	oration submits this statement for the p	FL 85	Zip Code its registered office
or registers	of the provisions of Sections 607.050 and agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such chance was authorized	thy the corporation's boa	and of directors. Thereby accept the ap	pointment as regist	ered agent. I am
	Segrative typical or printed national in general sign		Boston April Status com	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRE	CTORS IN 12
12.	VS OFFICERS AF	ND DIRECTORS DELETE	1 1 111LF	7,0011010011010011010	Cha	
NAME	KINTNER, DAVID A.		1.2 NAME			
STREET ADDRESS	356 RIVER EDGE ROAD		1 3 STREET ADDRESS			
City-ST-ZIP	JUPITER FL		1.4 CITY - ST - ZIP			
TITLE	PT	☐ DELETE	2 17/11		Cha	inge 🔲 Addition
NAME	HICKS, KATHRYN G.		2.2 NAME			
STREET ADDRESS	356 RIVER EDGE ROAD		2.3 STREET ADDRESS			
CITY - S1 - ZIP	JUPITER FL	[] DELETE	2 4 CHY ST ZIP 3 1 THE		☐ Cha	ange Addition
TITLE NAME		otten	3.2 NAME			
NAME STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CiTY - S! - 7:P			
TITLE		DELETE	4 : THILE		Ch.	ange 🔲 Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-ZIP		E on the	4.4 CHY+SI+ZIF		F1 Ch	anne El Addition
TITLE		☐ DELETE	5 1 TITLE		Ch	ange [] Addition
NAME			52 NAME			
STREE1 ADDRESS			5.3 STREET ADDRESS			
CITY-ST-2IP		DELFTE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Ch	ange Addition
TITLE			6 2 NAME			
NAME			63 STREET ADDRESS			
STREET ADDRESS			64 City \$1-7iP			
CITY ST-7IP	<u> </u>		# 04 GH SI - ZII	for the example of studio Section 1	19 07/37(k) Elorida :	Statutes I further

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)(k). 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 early, that I am an officer or director of the corporation or the reporter of trusted 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 analysis.

SIGNATURE:

TURE AND TYPED PROPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- E LOOKEDAN KAN KERIK BORKA BORKA KAROL ALDA DEBIK DIBAH DIGIL TERBA DABIK BEDIK DEBIK

CR2E034 (12/95)