

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

FILED

Apr 17 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 # M70011 (5)

1. Corporation Name  
DAVID A. KINTNER, INC.

Principal Place of Business  
SELDIN, KEITH A.  
140 INTRACOASTAL POINTE STE 401  
JUPITER FL 33477  
US

Mailing Address  
356 RIVER EDGE ROAD  
JUPITER FL 33477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 DAVID A KINTNER INC	26 DAVID A. KINTNER INC
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 356 RIVER EDGE RD	27 356 RIVER EDGE RD
City & State	City & State
23 Jupiter FL	28 Jupiter FL
Zip	Zip
24 33477	29 33477
Country	Country
25 PALM B&H	30 P. B.

3. Date Incorporated or Qualified	Applied For
02/24/1988	Not Applicable
4. FEI Number	
65-0040541	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
SELDIN, KEITH A.  
1165 US 1, STE 205  
JUNO BCH FL 33408  
140 INTRACOASTAL POINTE #401  
Jupiter, FL 33477

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

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

Signature: typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
VS KINTNER, DAVID A. 356 RIVER EDGE ROAD JUPITER FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
PT HICKS, KATHRYN G. 356 RIVER EDGE ROAD JUPITER FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathryn G. Hicks 4-14-98 561-744-9481

CR2E034 (10/97)