

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M82886 (6)

1. Corporation Name
JOSEPH S. KNECHT & COMPANY PROFESSIONAL ASSOCIATION

Principal Place of Business: 3209 SAWGRASS VILLAGE CIRCLE, PONTE VEDRA BEACH FL 32082
Mailing Address: 3209 SAWGRASS VILLAGE CIRCLE, PONTE VEDRA BEACH FL 32082



3. Date Incorporated or Qualified: 05/19/1988
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2887319
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent (81-85)

KNECHT, JOSEPH S.
3209 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

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: _____

Table with 6 rows and 2 columns for Officers and Directors (Block 12). Includes fields for Title, Name, Street Address, and City-ST-ZIP.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors in 12 (Block 13). Includes fields for Title, Name, Street Address, and City-ST-ZIP.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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 attachment with an address.

SIGNATURE: _____ DATE: 4/20/97 DAYTIME PHONE: 904-273-9900

CR2E034 (9/96)