

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**Jul 30 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # M85577 (8)**  
 1. Corporation Name  
**BRUCE W. KEIHNER PROFESSIONAL ASSOCIATION**



Principal Place of Business: **411 SOUTH COUNTY ROAD SUITE 200 PALM BEACH FL 33480 US**  
 Mailing Address: **411 SOUTH COUNTY ROAD SUITE 200 PALM BEACH FL 33480 US**

2. Principal Place of Business (21) Suite, Apt #, etc (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt #, etc (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **06/06/1988**  
 3a. Date of Last Report: **03/01/1995**  
 4. FEI Number: **65-0054397**  
 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

9. Name and Address of Current Registered Agent  
**KEIHNER, BRUCE W  
 411 SOUTH COUNTY ROAD  
 STE. 200  
 PALM BEACH FL 33480**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature is required for principal place of registered agent and date if applicable. (NOTE: Registered Agent's signature required when re-appointing)

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------|---|--|
| TITLE                      | <b>PO</b>                     | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KEIHNER, BRUCE W.</b>      | 1.2 NAME  |  |
| STREET ADDRESS             | <del>1401 FORUM WAY</del>     | 1.3 STREET ADDRESS                                    | <b>411 SOUTH COUNTY ROAD, SUITE 200</b>                                      |
| CITY - ST - ZIP            | <del>WEST PALM BEACH FL</del> | 1.4 CITY - ST - ZIP                                   | <b>PALM BEACH, FL 33480</b>  |
| TITLE                      |                               | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 2.2 NAME  |  |
| STREET ADDRESS             |                               | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                               | 2.4 CITY - ST - ZIP                                   |  |
| 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                                   |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    | <b>411 SOUTH COUNTY ROAD, SUITE 200</b>                                      |
| 1.4 CITY - ST - ZIP                                   | <b>PALM BEACH, FL 33480</b>  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY - ST - ZIP                                   |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY - ST - ZIP                                   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY - ST - ZIP                                   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY - ST - ZIP                                   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY - ST - ZIP                                   |  |

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)(f), 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **7/25/96 407 832 7720**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE034 (3/96)