

**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

DOCUMENT # **P93000076555 (0)**  
 1. Corporation Name

**KEREKES & ASSOCIATES, INC.**



Principal Place of Business: **101 CENTURY 21 DRIVE SUITE 211-K JACKSONVILLE FL 32216**  
 Mailing Address: **101 CENTURY 21 DRIVE SUITE 211-K JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified: **10/29/1993**  
 3a. Date of Last Report: **06/15/1995**  
 4. FEI Number: **59-3218042**  
 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                        | 2a. Mailing Address                                   |
| 21 <b>101 Century 21 Drive</b><br>Suite, Apt. #, etc. | 26 <b>101 Century 21 Drive</b><br>Suite, Apt. #, etc. |
| 22 <b>Suite 119-E</b><br>City & State                 | 27 <b>Suite 119-E</b><br>City & State                 |
| 23 <b>Jacksonville, FL</b><br>Zip Country             | 28 <b>Jacksonville, FL</b><br>Zip Country             |
| 24 <b>32216</b> 25 <b>DUVAL</b>                       | 29 <b>32216</b> 30 <b>DUVAL</b>                       |

9. Name and Address of Current Registered Agent

**KEREKES, CHARLES  
 101 CENTURY 21 DRIVE  
 SUITE 211-K  
 JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                      |                                 |
|-----------------|--------------------------------------|---------------------------------|
| TITLE           | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME            | <b>KEREKES, CHARLES</b>              |                                 |
| STREET ADDRESS  | <b>101 CENTURY 21ST DRIVE #211-K</b> |                                 |
| CITY - ST - ZIP | <b>JACKSONVILLE FL 32216</b>         |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 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)(a), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged or on an attachment with an address.

SIGNATURE: Charles V. Kerekes **6/11/96** **(904) 744-6122**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)