

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000027390

1. Corporation Name  
Christopher D. Fisher, P.A.

Principal Place of Business: 5651 NE 22nd Avenue, Fort Lauderdale, FL 33308  
Mailing Address: 717 East Oak Street, Kissimmee, FL 34744

3. Date Incorporated or Qualified: 04/07/94  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0495917  
Applied For: [Blank] / Not Applicable: [Blank]  
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: [X] Yes [ ] No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

Harry J. Swart, CPA  
717 East Oak Street  
Kissimmee, FL 34744

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 [Blank]  
84 City  
85 Zip Code: FL

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] Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Christopher D. Fisher	1.1 TITLE	[ ] Change [ ] Addition
NAME	Christopher D. Fisher	1.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	5651 NE 22nd Avenue	1.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	Fort Lauderdale, FL 33308	1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	[ ] DELETE	2.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	[ ] DELETE	2.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	[ ] DELETE	2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	[ ] DELETE	3.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	[ ] DELETE	3.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	[ ] DELETE	3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	[ ] DELETE	4.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	[ ] DELETE	4.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	[ ] DELETE	4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	[ ] DELETE	5.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	[ ] DELETE	5.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	[ ] DELETE	5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	[ ] DELETE	6.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	[ ] DELETE	6.3 STREET ADDRESS	[ ] Change [ ] Addition
CITY-ST-ZIP	[ ] DELETE	6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

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\*\*\*200.00

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 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 appointment with an address.

SIGNATURE: [Signature] Christopher Fisher 4/29/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)