

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Matham  
Secretary of State  
Division of Corporations

APPROVED  
11/01/95

DOCUMENT # **P94000080659 (3)**

1. Corporation Name  
**WILLIAM MAGENHEIMER & ASSOCIATES, INC.**

11/01/95  
TARPON SPRINGS, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **431 MANOR BLVD PALM HARBOR FL 34683**  
Mailing Address: **431 MANOR BLVD PALM HARBOR FL 34683**

3. Date Incorporated or Qualified: **11/01/1994**  
3a. Date of Last Report  
4. FEI Number: **59-3276724**  
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. 193.032, Florida Statutes.  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
State, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **30**

9. Name and Address of Current Registered Agent  
**DRIS, MICHAEL E  
114 S PINELLAS AVE  
TARPON SPRINGS FL 34688**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a. NAME <b>D MAGENHEIMER, WILLIAM 431 MANOR BLVD PALM HARBOR FL 34683</b>	11b. STREET ADDRESS 11c. CITY, ST, ZIP	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME
11a. NAME <b>D MAGENHEIMER, KAREN 431 MANOR BLVD PALM HARBOR FL 34683</b>	11b. STREET ADDRESS 11c. CITY, ST, ZIP	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.032(1)(b), 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 holder of a power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit filed with an address.

SIGNATURE: *William Magenheimer*  
SIGNATURE AND PRINTED NAME OF PARTIAL OFFICER OR DIRECTOR

4/26/95 813-784-8860