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 # **P94000093452 (8)**

1. Corporation Name

COLLINS, WEBSTER & KRAUSE, P.A.

Principal Place of Business
225 S. WESTMORE DR.
SUITE 2040
ALTAMONTE SPRINGS FL 32714

Mailing Address
225 S. WESTMORE DR.
SUITE 2040
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 101 Wymore Road
Suite, Apt. #, etc. 22 337
City & State 23 Altamonte Springs, FL
Zip 24 32714 Country 25 USA

2a. Mailing Address
26 101 Wymore Road
Suite, Apt. #, etc. 27 337
City & State 28 Altamonte Springs, FL
Zip 29 32714 Country 30 USA

4. FEI Number 59-3289[redacted]862 ☐ 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
KRAUSE, MITCHEL B
225 S. WESTMORE DR.
SUITE 2040
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name: Mitchel B Krause
82 Street Address (P.O. Box Number is Not Acceptable): 101 Wymore Road
83 Suite 337
84 City: Altamonte Springs FL 85 Zip Code: 32714

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COLLINS, JERRI L	
STREET ADDRESS	225 S. WESTMORE DR., SUITE 2040	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	☐ DELETE
NAME	WEBSTER, DAVID A	
STREET ADDRESS	225 S. WESTMORE DR., SUITE 2040	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	☐ DELETE
NAME	KRAUSE, MITCHEL B	
STREET ADDRESS	225 S. WESTMORE DR., SUITE 2040	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/S	☑ Change ☐ Addition
1.2 NAME	Collins, Jerri L.	
1.3 STREET ADDRESS	101 Wymore Road, Suite #337	
1.4 CITY-ST-ZIP	Altamonte Springs FL 32714	
2.1 TITLE	V	☑ Change ☐ Addition
2.2 NAME	Webster, David A.	
2.3 STREET ADDRESS	101 Wymore Road, Suite 337	
2.4 CITY-ST-ZIP	Altamonte Springs FL 32714	
3.1 TITLE	P	☑ Change ☐ Addition
3.2 NAME	[redacted] Krause, mitchel B	
3.3 STREET ADDRESS	101 Wymore Road, Suite 337	
3.4 CITY-ST-ZIP	Altamonte Springs FL 32714	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Off Also by Bank	

CR2E034 (12/95)

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 attachment with an address.

SIGNATURE: Mitchel B Krause mitchel Krause 2/19/96 (407) 862-2[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PM 4-4-96