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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044999 (7)

KISER & ASSOCIATES, P.A.

Principal Place of Business Mailing Address 2633 NE 26TH TER 2633 NE 26TH TER FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306-1705 3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1996 06/02/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0597467 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WETTACH, JOSEPH C 81 315 E ROBINSON ST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 600 83 ORLANDO FL 32801 84 City Zip Code 85 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. DELETE Change Addition 1.1 TITLE TIFLE KISER, P. WAYNE NAME 1.2 NAME 2633 NE 26TH TER 1.3 STREFT ADDRESS STREET ADDRESS FT LAUDERDALE FL 33306 1.4 City-ST-ZIP CITY-SI-7/P DELETE Addition 21 TITLE THE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 City - ST - ZiP CHY-ST-ZIF TiTLE ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 2IP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition THILE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - ST - ZIP THE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 719 6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

P. Wayne Kiser
NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR