

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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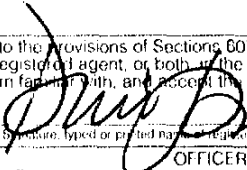
DOCUMENT # **S11407** (1)  
1. Corporation Name  
**D. KAUFMAN & ASSOCIATES, INC.**



Principal Place of Business <b>701 ENTERPRISE RD., E. 301 SAFETY HARBOR FL 34695 US</b>		Mailing Address <b>701 ENTERPRISE RD., E. 301 SAFETY HARBOR FL 34695-5303 US</b>	
2. Principal Place of Business <b>21 853 MAIN STREET</b> Suite, Apt. #, etc. <b>22 Suite A</b> City & State <b>23 SAFETY HARBOR, FL</b> Zip <b>24 34695</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 853 MAIN STREET</b> Suite, Apt. #, etc. <b>27 Suite A</b> City & State <b>28 SAFETY HARBOR, FL</b> Zip <b>29 34695</b> Country <b>30 USA</b>	
3. Date Incorporated or Qualified <b>11/05/1990</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-3042529</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KAUFMAN, DAVID 8 HARBOR OAKS CIRCLE 505 FAYETTE CIRCLE SO. SAFETY HARBOR FL 34695</b>		10. Name and Address of New Registered Agent <b>81 Name DAVID KAUFMAN</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 505 FAYETTE CIRCLE SO.</b> <b>83</b> <b>84 City SAFETY HARBOR FL 85 Zip Code 34695</b>	
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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  DATE **03-25-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KAUFMAN, DAVID</b>		1.2 NAME	
STREET ADDRESS <b>505 FAYETTE CIRCLE S.</b>		1.3 STREET ADDRESS	
CITY- ST- ZIP <b>SAFETY HARBOR FL</b>		1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)