

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bonnie B. McInnis
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

08/26/1991

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **S80482** (0)
STEVEN J. KIRSCHNER, PROFESSIONAL ASSOCIATION

Contact With This State

Principal Place of Business: 507 N. NEW YORK AVENUE SUITE 100 WINTER PARK FL 32789
Mailing Address: 507 N. NEW YORK AVENUE SUITE 100 WINTER PARK FL 32789

3. Date of Report Required	3a. Date of Last Report
08/26/1991	01/21/1994
4. FFI Number	Applied For
59-3097150	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has rights for management purposes to Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 400 N. New York Ave.	26. 400 N. New York Ave.
22. Suite 103	27. Suite 103
23. Winter Park FL	28. Winter Park, FL
24. 32789	29. 32789
25.	30.

9. Name and Address of Current Registered Agent

KIRSCHNER, STEVEN J.
507 N. NEW YORK AVENUE
SUITE 100
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number if Not Applicable)	400 N. New York Avenue
B3.	Suite 103
B4. City	Winter Park
B5. State	FL
B6. Zip Code	32789

11. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief. This statement is made for the purpose of changing the registered office of the corporation 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 authorized to accept this appointment as set forth in the Florida Statutes.

12. OFFICERS AND DIRECTORS

NAME	D KIRSCHNER, STEVEN J.
ADDRESS	909 CAITLIN POINT
	LONGWOOD FL
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	Change	Add
ADDRESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, do hereby certify that the information reported in this filing is true and correct to the best of my knowledge and belief. I am not aware of any information that would cause the corporation to be delinquent in its filing requirements under the Florida Statutes. I further certify that the information reported in this filing is true and correct to the best of my knowledge and belief. I am not aware of any information that would cause the corporation to be delinquent in its filing requirements under the Florida Statutes. I hereby accept the appointment as registered agent. I am authorized to accept this appointment as set forth in the Florida Statutes.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR