
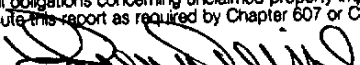


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name KIM DEVINE & ASSOCIATES, INC.		DOCUMENT # S81380 (5)	
Mailing Address 25188 E. MARION AVE #35 PUNTA GORDA, FL 33950		Principal Place of Business 25188 E. MARION AVE #35 PUNTA GORDA, FL 33950	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. Mailing Address 21 806 S. NEWPORT AVE Suite, Apt. #, etc.		2a. Principal Place of Business 26 806 S. NEWPORT AVE Suite, Apt. #, etc.	
22 City & State 23 TAMPA, FL Zip Country 24 33606 25		27 City & State 28 TAMPA, FL Zip Country 29 33606 30	
3. Date Incorporated or Qualified 09/19/1991		3a. Date of Last Report 04/15/1993	
4. FEI Number 65-0286045		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DEVINE-NICKELSON, KIM M. 806 S. NEWPORT AVE TAMPA, FL 33606		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.		DATE	
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PRESIDENT DEVINE-NICKELSON, KIM M. 25188 E. MARION AVE #35 PUNTA GORDA, FL 33950		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PRESIDENT DEVINE-NICKELSON, KIM M. 806 S. NEWPORT AVE TAMPA, FL 33606	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 200001804302 -05/02/96--01014--005 ***200.00	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  KIM DEVINE NICKELSON		Date: 4-21-96 813 Daytime Phone: 934 33290	