

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04018

(0)

1. Corporation Name

FELENSTEIN KONIVER & ASSOCIATES INC.

FILED

95 JUL 25 AM 8:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

285 SEVILLA
CORAL GABLES FL 33134

Mailing Address

285 SEVILLA
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1991

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 407 Lincoln Rd. #4C

2a. Mailing Address

26 407 Lincoln Rd. #4C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami Beach, FL

27 Miami Beach, FL

City & State

City & State

23 33134 USA

28 33134 - USA

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

SKRLD INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

(Signature typed or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDED, DELETED, CHANGED, OR REMOVED OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
KONIVER, BRUCE H.
285 SEVILLA
CORAL GABLES FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
FELENSTEIN, MARSHALL E.
285 SEVILLA
CORAL GABLES FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Bruce H. Koniver
NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

7/21/95
DATE

TELEPHONE NUMBER