

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M60340** (0)

1. Corporation Name
MICHAEL KEHNERT & ASSOCIATES, INC.



Principal Place of Business: **2899 N.W. 26 CT. BOCA RATON FL 33434**
Mailing Address: **2899 N.W. 26 CT. BOCA RATON FL 33434**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21 [] 26 []
Suite, Apt #, etc. Suite, Apt #, etc.
22 [] 27 []
City & State City & State
23 [] 28 []
Zip Country Zip Country
24 [] 25 [] 29 [] 30 []

3. Date Incorporated or Qualified: **10/07/1987**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **65-0014096**
Applied For: [] Not Applicable
5. Certificate of Status Desired: [] **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: [] **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KEHNERT, MICHAEL F.
2899 N.W. 26 CT.
BOCA RATON FL 33434**
10. Name and Address of New Registered Agent (81-85)
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 607.0505 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] (b) FEI Registered Agent (signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP [] DELETE	1. TITLE	[] Change [] Addition
NAME	KEHNERT, MICHAEL	2. NAME	
STREET ADDRESS	2899 N.W. 26 CT.	3. STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	4. CITY-ST-ZIP	
TITLE	VT [] DELETE	7. TITLE	[] Change [] Addition
NAME	KEHNERT, MICHELE T	22. NAME	
STREET ADDRESS	2899 NW 26TH COURT	23. STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	24. CITY-ST-ZIP	
TITLE	[] DELETE	31. TITLE	[] Change [] Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	[] DELETE	41. TITLE	[] Change [] Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	[] DELETE	51. TITLE	[] Change [] Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	[] DELETE	61. TITLE	[] Change [] Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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)(b), 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 change I, or on an attachment with an address.

SIGNATURE: [Signature] (b) FEI Registered Agent (signature required) DATE: **4/22/96** 407-4777062
MICHAEL T. KEHNERT

CR2E034 (12/95)