SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 14 1996 8:00 am
Secretary of State

DOCUMENT # **600241** **(4)**

1. Corporation Name
GOODWIN, RYSKAMP, WELCHER & CARRIER, P.A.

Principal Place of Business	Mailing Address
C/O DAVID C. GOODWIN. ESQ. ~~100 EAST HILLCREST ST.~~ ORLANDO FL 32801	C/O DAVID C. GOODWIN. ESQ. ~~100 EAST HILLCREST ST.~~ ORLANDO FL 32801

2. Principal Place of Business 21 255 S. Orange Avenue	2a. Mailing Address 26 P. O. Box 4976
Suite, Apt. #, etc 22 Suite 801	Suite, Apt. #, etc 27
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip / Country 24 32801 / 25 U. S. A.	Zip / Country 29 32802-4976 / 30 U.S.A.

3. Date Incorporated or Qualified 01/11/1966	3a. Date of Last Report 03/20/1995
4. FEI Number 59-0661468	☐ 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	Except no val at present.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOODWIN, DAVID ESQ. ~~100 EAST HILLCREST ST.~~ 255 S. Orange Ave Suite 801 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) P. O. Box 4976 83 84 City Orlando, Florida **FL** 85 Zip Code 32802-4976

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, DAVID		12 NAME	
STREET ADDRESS	~~100 EAST HILLCREST~~ 255 S. Orange Ave		13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801 Suite 801		14 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	RYSKAMP, KENNETH L		22 NAME	
STREET ADDRESS	701 CLEMATIS ST., #347		23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33401		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	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID C. GOODWIN _____ 7/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #