

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 703364 (0)

1. Corporation Name
FADA SERVICES, INC.



Principal Place of Business Mailing Address
505 NORTH MILLS AVE PO BOX 531124 ORLANDO FL 32853

3. Date Incorporated or Qualified **12/22/1961** 3a. Date of Last Report **04/17/1995**
4. FEI Number **59-0951492** 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

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

9. Name and Address of Current Registered Agent
**JEFFRIES, DAVID D
505 N MILLS AVE
ORLANDO FL**

10. Name and Address of New Registered Agent
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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PED <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, C L	1.2 NAME	Blake, C.L.
STREET ADDRESS	30401 SO FEDERAL HWY	1.3 STREET ADDRESS	30401 South Federal Highway
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, Florida 33090
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, WILLIAM D.	2.2 NAME	Kopp, Ernest A., Jr.
STREET ADDRESS	2724 N HWY 17-92	2.3 STREET ADDRESS	701 Fisk Street, Suite 200
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Jacksonville, Florida 32204
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, WILLIAM H	3.2 NAME	Ray, William D.
STREET ADDRESS	US 90 EAST & BLOUNTSTOWN HWY	3.3 STREET ADDRESS	2724 North Highway 17-92
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	Longwood, Florida 32750
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFRIES, DAVID D	4.2 NAME	
STREET ADDRESS	505 N MILLS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 D. Jeffries **David D. Jeffries, EVP 4/26/96 (407)-896-7371**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)