

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 21 PM 3:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L84996 (2)

1. Corporation Name
AVANT GARDE USA, INC.

Principal Place of Business Mailing Address
**167-A LOOKOUT PLACE
MAITLAND FL 32751
US** **P.O. BOX 2961
WINTER PARK FL 32790-2961
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/29/1990 **08/01/1994**

4. FEI Number Applied For
59-3026265 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution 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	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent
**KEY, LESLIE A
167-A LOOKOUT PLACE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL 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

NOTE: Signature must be in ink. If typed, it must be accompanied by a handwritten signature. If the signature is typed, it must be accompanied by a handwritten signature. If the signature is typed, it must be accompanied by a handwritten signature.

12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY - ST - ZIP	19. TITLE	20. NAME	21. STREET ADDRESS	22. CITY - ST - ZIP	23. TITLE	24. NAME	25. STREET ADDRESS	26. CITY - ST - ZIP	27. TITLE	28. NAME	29. STREET ADDRESS	30. CITY - ST - ZIP	
KEY, LESLIE A	167-A LOOKOUT PLACE	MAITLAND FL																	

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 110.07(3)(a), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-95 (407) 332-3808

Date

Daytime Phone #