

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:43

DOCUMENT # N15296 (9)

1. Corporation Name
MCC SKI INSTRUCTION, INC.

Principal Place of Business % EDWIN W. ALBRIGHT, JR. 1837 UNIVERSITY BOULEVARD WEST JACKSONVILLE FL 32217	Mailing Address % EDWIN W. ALBRIGHT, JR. 1837 UNIVERSITY BOULEVARD WEST JACKSONVILLE FL 32217
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1986	3a. Date of Last Report 03/25/1994
4. FEI Number 59-0999920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under 5. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ALBRIGHT, EDWIN W. JR.
 1837 UNIVERSITY BOULEVARD WEST
 JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reselecting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, TOM
STREET ADDRESS	RT. 13 BOX 50
CITY - ST - ZIP	LAKE CITY FL
TITLE	D
NAME	PURCIFULL, BOB
STREET ADDRESS	12940 RIVER PLACE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DS
NAME	ALBRIGHT, EDWIN W JR.
STREET ADDRESS	1837 UNIVERSITY BLVD W
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	EDMISTON, MARGARET ANN
STREET ADDRESS	75 AVISTA CIRCLE
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	DPT
NAME	IRWIN, JAMES A.
STREET ADDRESS	1925 WOODLEIGH DR. W.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	CARR, CYNTHIA C
STREET ADDRESS	8392 BRIERWOOD ROAD
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 holder or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached part with an address.

SIGNATURE: *[Signature]* 5-22-94

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)