

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003690 (5)
 1. Corporation Name
 F.S.A.T.T., INC.



900001887159
 -07/09/96--01027--035
 ***61.25

Principal Place of Business: 1015 N.E. CR 234, GAINESVILLE FL 32641 US
 Mailing Address: P.O. BOX 142151, GAINESVILLE FL 32614-2151

3. Date Incorporated or Qualified: 08/16/1993
 3a. Date of Last Report: 04/04/1995
 4. FEI Number: 59-3197354
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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: 21 1015 NE CR 234
 2a. Mailing Address: 26 P.O. BOX 142151
 23 Gainesville FL
 28 Gainesville FL
 24 32641 25 U.S. 29 32614-2151 30 U.S.

9. Name and Address of Current Registered Agent
 COTTON, LINDA C
 14490 S.E. 93RD AVE.
 SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent
 81 Name: Cotton Linda C
 82 Street Address (P.O. Box Number is Not Acceptable): 14490 SE 93RD AVE
 84 City: Summerfield FL 85 Zip Code: 34491

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: Linda C Cotton Linda C Cotton 6-20-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

| | | | | |
|-----------|-------------------------|---|-----------------------------------|---------------------------------|
| TITLE: PD | NAME: COTTON, LINDA C | STREET ADDRESS: 14490 S.E. 93RD AVE. | CITY-ST-ZIP: BELLVIEW FL 34491 | <input type="checkbox"/> DELETE |
| TITLE: V | NAME: SCHWARZ, DONNA | STREET ADDRESS: 210 GREENWOOD LEE HIGH ACHERS | CITY-ST-ZIP: FT. MYERS FL 33936 | <input type="checkbox"/> DELETE |
| TITLE: SD | NAME: ALVARADO, GILBERT | STREET ADDRESS: 6210 N SHELDON #2006 | CITY-ST-ZIP: TAMPA FL 33615-3114 | <input type="checkbox"/> DELETE |
| TITLE: TD | NAME: OWENS, HAZEL | STREET ADDRESS: 1015 N.E. CR 234 | CITY-ST-ZIP: GAINESVILLE FL 32641 | <input type="checkbox"/> DELETE |
| TITLE: D | NAME: LOPALO, SAM CRNA | STREET ADDRESS: 411 SW 83RD TERRACE | CITY-ST-ZIP: GAINESVILLE FL | <input type="checkbox"/> DELETE |
| TITLE: D | NAME: GOOD, MICHAEL | STREET ADDRESS: 8926 SW 44TH LANE | CITY-ST-ZIP: GAINESVILLE FL | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|---------------|-----------------------------|---|---------------------------------------|--|
| 1.1 TITLE: PD | 1.2 NAME: Cotton, Linda C | 1.3 STREET ADDRESS: 14490 SE 93RD AVE | 1.4 CITY-ST-ZIP: Belleview FL 34491 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE: VP | 2.2 NAME: Schwarz, Donna | 2.3 STREET ADDRESS: 210 Greenwood Lee High Achers | 2.4 CITY-ST-ZIP: Ft. Myers FL 33936 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE: SD | 3.2 NAME: Alvarado, Gilbert | 3.3 STREET ADDRESS: 6210 N Sheldon #2006 | 3.4 CITY-ST-ZIP: TAMPA, FL 33615-3114 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE: TD | 4.2 NAME: Owens, Hazel | 4.3 STREET ADDRESS: 1015 N.E. CR 234 | 4.4 CITY-ST-ZIP: Gainesville FL 32641 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE: D | 5.2 NAME: Lopalo, Sam CRNA | 5.3 STREET ADDRESS: 411 SW 83RD Terrace | 5.4 CITY-ST-ZIP: Gainesville FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.1 TITLE: D | 6.2 NAME: Good, Michael | 6.3 STREET ADDRESS: 8926 SW 44th Ave | 6.4 CITY-ST-ZIP: Gainesville FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Linda C Cotton Linda C Cotton 6-20-96 352-347-848
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)