

**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 # **N93000003726 (7)**

1. Corporation Name  
**SPECIAL DEFENDERS, INC.**



Principal Place of Business: 1500 S SEMORAN BLVD ORLANDO FL 32807  
Mailing Address: 1500 S SEMORAN BLVD ORLANDO FL 32807

3. Date Incorporated or Qualified: 08/17/1993  
3a. Date of Last Report: 08/10/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	APPLIED FOR 59-3194916	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOMEZ, LUIS F JR 1209 CREEKBOTTOM CIR ORLANDO FL 32825				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, LUIS F SR	1.2 NAME	
STREET ADDRESS	1500 S SEMORAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	1.4 CITY-ST-ZIP	
TITLE	D Luis <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMEZ, LUIS F JR	2.2 NAME	T QUINTANA, RAMONA
STREET ADDRESS	1209 CREEKBOTTOM CR	2.3 STREET ADDRESS	3656 SANIBEL LN.
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HERNANDEZ, JOSE R</del>	3.2 NAME	
STREET ADDRESS	<del>3821 VALENCIA GROVE LN</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>ORLANDO FL 32817</del>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	000001847740
STREET ADDRESS		6.3 STREET ADDRESS	-06/03/96--01033--019
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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: *Luis F Gomez* Date: 2-15-96 Daytime Phone #: 273-0724  
CS 51196

CR2E037 (12/95)