

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 # N94000000111 (4)

1. Corporation Name
TASK ACT, INC.



Principal Place of Business: 932 PARK LAKE CIRCLE, MAITLAND FL 32751, US
Mailing Address: P O BOX 941928, MAITLAND FL 32794-1928, US

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 932 Park Lake Circle, 22 Maitland, FL, 23 32751, 24 USA
2a. Mailing Address: 26 P.O. Box 941928, 27 Maitland, FL, 28 32794, 29 USA, 30 USA

4. FEI Number: 59-3215115
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

9. Name and Address of Current Registered Agent: WALLEY, DIANA, 932 PARK LAKE CR., MAITLAND FL 32751

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: *Diana J Walley* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	WALLEY, DIANA	
STREET ADDRESS	932 PARK LAKE CR.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DVP	<input type="checkbox"/>
NAME	WOOD, DON	
STREET ADDRESS	8980 CHRICHTON WOODS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/>
NAME	BARRETT, JUDITH	
STREET ADDRESS	719 IRMA AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/>
NAME	SPANGLER, TRACEY	
STREET ADDRESS	3365 MAGUIRE BLVD STE 175	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Same		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: *Diana J Walley* (Signature and typed or printed name of signing officer or director) DATE: 4-10-96 (407)645-2398 (Daytime Phone #)

CR2E037 (12/95)