

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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
-1994 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
THEREFORE, INC.

DOCUMENT #
P92000000970 (3)

Mailing Address
**1531 DALE AVE
WINTER PARK FL 32789**

Principal Place of Business
**1531 DALE AVE
WINTER PARK FL 32789**

2. Mailing Address
21

2a. Principal Place of Business
26

3. Date Incorporated or Qualified
10/28/1992

3a. Date of Last Report
05/03/1993

4. FEI Number
59-3148641

Applied For

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

6. Election Campaign Financing Trust Fund Contribution

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LELAND MARCIA A
1531 DALE AVE
WINTER PARK FL 32789**

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. By signing this statement to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement in support 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, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	LELAND MARCIA A	12 NAME	
13 STREET ADDRESS	1531 DALE AVE	13 STREET ADDRESS	
14 CITY - ST. ZIP	WINTER PARK FL 32789	14 CITY - ST. ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY - ST. ZIP		24 CITY - ST. ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST. ZIP		34 CITY - ST. ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST. ZIP		44 CITY - ST. ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST. ZIP		54 CITY - ST. ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST. ZIP		64 CITY - ST. ZIP	

14. I, the undersigned, 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 release the Director of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report or supplemental annual report is true and I or create and that my signature shall have the same legal effect as if made under oath. Part I have fulfilled all obligations concerning unperfected property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or liquidator empowered to receive the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or vice an attachment with an affidavit.

SIGNATURE: *Marcia A. Leland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 407-644-2549

7.5 5/4/95