

So what did you do to deserve taking \$200.00 from a small business? That would have paid 4 monthly bills of mine. What do I get in return? Nothing

25.00

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ORATIONS



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1280 S. Thorpe Ave		26 1280 S. Thorpe Ave		11/23/1992		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Unit #2		27 Unit #2		59-3158019		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Orange City, Florida		28 Orange City, Florida		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 32763-7118		29 32763-7118		30 USA		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
USA		USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAZLO II, STANLEY P 168 S HWY 17-92 STE - D DEBARY FL 32713				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1280 S. Thorpe Ave, Unite #2			
				83 Orange City, Florida			
				84 City			
				FL 85 Zip Code			
				32763-7118			

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: Stephanie R Lazlo (NOTE: Registered Agent signature required when reinstating) DATE: 4/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LAZLO II, STANLEY P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZLO II, STANLEY P	12 NAME	
STREET ADDRESS	162 SEMINOLE AVE	13 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	14 CITY-ST-ZIP	
TITLE	VSTD LAZLO, STEPHANIE R	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZLO, STEPHANIE R	22 NAME	
STREET ADDRESS	162 SEMINOLE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	SEBARY FL	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephanie R Lazlo (401) DATE: 4/24/96 Daytime Phone #: 668-0102

CR2E034 (12/95)