

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000072478 (9)

1. Corporation Name
TOMAHAWK MAIL AND COMMUNICATIONS, INC.



Principal Place of Business
**1970 OSCEOLA PKWY
KISSIMMEE FL 34743**

Mailing Address
**1970 OSCEOLA PKWY
KISSIMMEE FL 34743**

3. Date Incorporated or Qualified
10/14/1993

3a. Date of Last Report
04/28/1995

4. FEI Number
59-3202021

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

21	2. Principal Place of Business 1970 East Osceola Pkwy	26	2a. Mailing Address 1970 East Osceola Pkwy
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State Kissimmee, FL	28	City & State Kissimmee, FL
24	Zip 34743	29	Zip 34743
25	Country Osceola	30	Country Osceola

9. Name and Address of Current Registered Agent

**FARRELL GORDON AND ASSOCIATES, P.A.
2111 E MICHIGAN ST
SUITE 140
ORLANDO FL 32806**

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 **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, DONNA	
STREET ADDRESS	1970 OSCEOLA PKWY	
CITY - ST - ZIP	KISSIMMEE FL 34743	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORRIS, JEFFERY	
STREET ADDRESS	1970 OSCEOLA PKWY	
CITY - ST - ZIP	KISSIMMEE FL 34743	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORRIS, JAMES	
STREET ADDRESS	1970 OSCEOLA PKWY.	
CITY - ST - ZIP	KISSIMMEE FL 34343	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna Morris 4-21-96 407-348-7266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)