SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



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

1996

DOCUMENT # P93000088206 (6)

Corporation Name	1 00000000

LACONIAN CORPORATION Mailing Address Principal Place of Business 20 N. ULYSSES DR 20 N ULYSSES DR APOPKA FL 32703 APOPKA FL 32703 3a. Date of Last Report 3. Date Incorporated or Qualified 09/13/1995 12/28/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3330980 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zio Zıp Yes X No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAMBROS, JEANNE Street Address (P.O. Box Number is Not Acceptable) 82 20 N. ULYSSES DRIVE APOPKA FL 32703 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, type for proceedings of other jesticest agent and the it appoints like ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTORS Change Addition 12. DELETE TITLE CR2E034 1.2 NAME NICKLES, PETER NAME 1.3 STREET ADDRESS 8545 MAPLE AVE STREET ADDRESS 14 CHY-ST ZIP PENNSAUKEN NJ 08109 Change Addition CITY-ST-ZIP DELETE 2 1 TITLE TITLE 23 STREET ADDRESS STREET ADDRESS 2 4 CHY - ST - 2IP Change Addition CITY - ST - ZIP DELETE 3 I TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 4 1 11TLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - 7IP Change Addition CITY-ST-ZIP DELFTE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TIFLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Ldo 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 m look 13 if chapted, or on an attachment with an address. 6.4 City - ST - 782

INTED NAME OF SIGNING OFFICER OR DIRECTOR

407-886-2059

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