

**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 1996



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

DOCUMENT # P94000088013 (5)
1. Corporation Name

ACCESSIBILITY DESIGN SERVICE INC.



Principal Place of Business: 1710 E TIFFANY DR SUITE 201 MANGONIA PARK FL 33407 US
Mailing Address: 1710 E TIFFANY DR SUITE 201 MANGONIA PARK FL 33407 US

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business: 21 9121 N MILITARY TRAIL SUITE #, etc: 219
2a. Mailing Address: 26 PO BOX 14760
27 Suite, Apt #, etc: 219

4. FEI Number: 65-0554601
Applied For: Not Applicable

23 PALM BEACH GARDENS FL NORTH PALM BEACH, FL
24 33410 25 USA 29 33408 30 USA

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

9. Name and Address of Current Registered Agent: FERRAND, RICHARD J 1710 E TIFFANY DR SUITE 201 MANGONIA PARK FL 33407

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 9121 N. MILITARY TRAIL SUITE 219 83 84 City: PALM BEACH GARDENS FL 85 Zip Code: 33410

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, county 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 607.0509, Florida Statutes.

SIGNATURE: [Signature] RICHARD J FERRAND 8-5-96
DATE: 8-5-96

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FERRAND, RICHARD K	
STREET ADDRESS	3040 WYOMING AVE #0	
CITY-ST-ZIP	GREAT LAKES IL	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	FERRAND, RICHARD J	
STREET ADDRESS	104 PARADISE HARBOR #512	
CITY-ST-ZIP	N PALM BCH FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3172 C MORIDIAN DR
1.4 CITY-ST-ZIP	GREAT LAKES, IL 60088
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, 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: [Signature] RICHARD J FERRAND 407-845-6899
DATE: 8-5-96

CR2E034 (3/96)