SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029274 (4)

NANCY REILLY, P.A.

FILED Jul 15 1998 8:00am Secretary of State

MAIO	IIL)	SI) CYA							
Principal Place of Business Malling Address								1 (05)(05) (16 (0)) 01(1) 05(1) 05(1)	40116 (1212 12110 11211 12011 1201 1201
2849 CANDELA COURT 2849 CANDELA COURT APOPKA FL 32703 APOPKA FL 32703									
AFOTAR FL 32703								DO NOT WRITE IN	THIS SPACE
								3. Date Incorporated or Qualified 04/13/1995	
2. Principal P	lace d	Business	2a. Malling Ad	ddress				4. FEI Number 59-3309760	Applied For Not Applicable
Suite, Apt. #, eta. Suite				suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22	27 27 CH 4 CH			,					Fee Required
City & Stat	e	; ;	City & State					6. Election Campaign Financing	\$5.00 May Be
Zip		Country Zip Co			Country	Trust Fund Contribution Added to Fees And S. This corporation owes or has paid the current year Intengible			
24	25 29 30				Personal Property Tax due June 30. Yes No				
		Name and Address of Current	Registered Ager	nt .				10. Name and Address of New Registe	reti Agent
REIL	LY, Ŋ	ANCY			81	Name			
2849 CANDELA COURT APOPKA FL 32703					82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)	
Arorio		FL 32103				<u> </u>			
		response				<u> </u>			
	ě				84	City		1	FL 85 Zip Code
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 jamiliar with, and accept the obligations of, section 607.0505, Florida Statutes.									
SIGNATURE .	_//\	and the	elle					7/6/	98
12.	al w	o, typed or printed in the of registered agent	and title if applicable	(NOTE	Registered /	gent signalu	ure require	d when reinstating) ADDITIONS/CHANGES TO OFFICER:	TE AND DIDECTORS IN 40
TITLE	ס	OFFICEROWING		DELETE	1.1 TITLE		Т	ADDITIONS/CHANGES TO OFFICER	
NAME	REI	LY, NANCY		DECETE	1.2 NAME				Change Addition
STREET ADDRESS		CANDELA COURT			1.3 STREET	ADDRESS			
CITY-ST-ZIP	APC	PKA FL 32703			1.4 CITY-S	r-ZIP			
TITLE	,			DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·			Change Addition
NAME					2.2 NAME		İ		
STREET ADDRESS	j				2.3 STREET	ADDRESS			
CITY-ST-ZIP					2.4 CITY-S	-ZIP			
TITLE	1			DELETE	3.1 TITLE				Change Addition
NAME	3				3.2 NAME				
STREET ADORESS	1				3.3 STREET				
CITY-ST-ZIP				DELETE.	3.4 CITY-ST 4.1 TITLE	I-ZIP			
NAME	á		لــا	DELETE	4.2 NAME				Change Addition
STREET ADDRESS	1				4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 CITY-ST				
TITLE			П	DELETE	5.1 TITLE				Change Addition
NAME	ě		_		5.2 NAME				
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-Z#P					5.4 CITY ST	-ZIP			
TITLE				DELETE	6.1 TITLE				Change Addition
NAME					6.2 NAME				
STREET ADDRESS	1				6.3 STREET	ADDRESS			
CITY-ST-ZIP	110 20				6.4 CITY-ST	ZIP			

1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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.

IGNATURE. / SUST ME LIKE REQUIRE

7/6/68

R2E034 (5/98)