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).

Mailing Address

#1445

US

111 N ORANGE AVE

ORLANDO FL 32801

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

111 N ORANGE AVE

ORLANDO FL 32801

SIGNATURE:

ŬS

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jul 16 1998 8:00am

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063357 (3)

JOHNSON & WILLIAMS, P.A.

					07/26/1996	07/26/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-3400945	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & State City & State			State			6. Election Campaign Financing	\$5.00 May Be	
23						Trust Fund Contribution	Added to Fees	
Zip	Zip Country Zip			Country		8. This corporation owes or has paid the curn	ent year Intangible	
24	25	29	3	6		· · · · · · · · · · · · · · · · · · ·	Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
JOHNSON, STEVEN M					B1 Name			
111 N ORANGE AVE								
STE 1446				82	82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801				83				
UNLANDO FL 32001								
				84	City	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 familiar with, and accept the obligations of, section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS 13			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		Change Addition			
NAME	JOHNSON, STEVEN M			1.2 NAME		-		
144 N ADMOC AND ATO ALLE				1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST	l l			
TITLE	D		DELETE	2 1 TITLE	20		Change Addition	
NAME	WILLIAMS, MARC R		- Dereie	2.2 NAME	- {	<u>_</u>		
STREET ADDRESS	111 N ORANGE AVE STE 1445			2.3 STREET	ADDDESS			
1	ORLANDO FL			1				
CITY-ST-ZIP	ONDARIOU I L		Γ 1	2.4 CITY-ST 3.1 TITLE	-ZIP		<u> </u>	
NAME			DELETE			L	Change Addition	
'"' '				3.2 NAME				
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP				3.4 CITY-ST	ZIP			
TITLE			DELETE	4.1 TITLE	1	Ļ	Change Addition	
NAME				4.2 NAME	[
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST	ZIP			
TITLE			DELETE	5.1 TITLE			Change Addition	
NAME				5.2 NAME			-	
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST	ZIP			
TITLE			DELETE	6.1 TITLE			Change Addition	
NAME				6.2 NAME		•		
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST				
	rtify that the Information supplied with the	is filing does	no Jouality for the			section 119 07(3)(i). Florida Statutes, I further certify th	at the information	
14. I hereby certify that the information supplied with this filing does polyqualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supersymptotic bulb 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 of the certific energy depends on the corporation of the receiver or truckee 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 my handlaghment and rest.								