

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002849 (4)

1. Corporation Name

FOUNTAINHEAD CONSULTING SERVICES INCORPORATED



Principal Place of Business

1220 PARK POINTE LANE
WINTER PARK FL 32789

Mailing Address

1220 PARK POINTE LANE
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

9. Name and Address of Current Registered Agent

HOMRIGHAUSEN, JOHN E
1220 PARK POINTE LANE
WINTER PARK FL 32789

3. Date Incorporated or Qualified	3a. Date of Last Report
01/09/1995	
4. FEI Number	Applied For
59-3286726	Not Applicable
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
10. Name and Address of New Registered Agent	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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 agent and one if applicable

NOTE: Registered agent signature required when filing

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HOMRIGHAUSEN, JOHN E	
STREET ADDRESS	1220 PARK POINTE LANE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	DELETE
NAME	WELLS, MARY ALICE	
STREET ADDRESS	1220 PARK POINTE LANE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	Change	Addition
2	NAME		
3	STREET ADDRESS		
4	CITY-ST-ZIP		
5	TITLE	Change	Addition
6	NAME		
7	STREET ADDRESS		
8	CITY-ST-ZIP		
9	TITLE	Change	Addition
10	NAME		
11	STREET ADDRESS		
12	CITY-ST-ZIP		
13	TITLE	Change	Addition
14	NAME		
15	STREET ADDRESS		
16	CITY-ST-ZIP		
17	TITLE	Change	Addition
18	NAME		
19	STREET ADDRESS		
20	CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Homrighausen 1/28/96 (907) 647-8053

CR2E034 (12/95)