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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P9300000195 (6)

BILLY LONG, INC.



		N. S. S. A. Addenno			- I DEBINER) NY NOVE ANNO ERIN	3 48 011 88111 881		
rincipal Place of E	Business	Mailing Address			1			
2771 LUST RD		2771 LUST RD APOPKA FL 32703						
APOPKA FL 32	7.00	NI OF IN 12 de 199			3. Date Incorporated or Qualified 12/28/1992	3a. Date of 02	f Last Rep 2/14/199	
5	of Dunings	2a, Mailing Address			4. FEI Number		Ap	plied For
. Principat Place of Business		26	¬		59-3181577 Not Ap		t Applicable	
Suite, Apt. #, e	de	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
30/16, 7401. #, 0		27			S. Gertinodie er erande 2 een er	<u> </u>	Fee Re	equired
City & State		City & State			6. Election Campaign Financing		\$5.00	
Ony & State		28			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,			
Zip	Country	Zip	Country		8. This corporation has liability for it	ntangible tax	unders i	99.032,
ที	25	29	30		10. Name and Address of New R	_	pent	
	9. Name and Address of Current	Registered Agent	81 1	Name	10. 10.			
			1 1			1-1		
LONG, SR. W			82 Street A		ddress (P.O. Box Number is Not Acceptable)			
	ST ROAD, STE. 2		83			······································		
APOPKA	FL 32703						PE 7in	Code
	/		1 1	City		FL	1	
Tell Tillion With Ja	the provisions of Sections 00, 6502 agent, or both in the State of Floral and accept the obligations of, Section	1 Pl						
SIGNATURE A	nature, typed or printed name of registered agent of	and their applicable.	(NOTE: Registered Agent s		I when re-installing)	DATE ICERS AND	DIBECTOR	RS IN 12
SIGNATURE	nature, typed or printed name of registered agent of OFFICERS AND	and thy if applicable. DIRECTORS	(NOTE: Registered Agent s		11011	ICERS AND	DIRECTOR	RS IN 12
SIGNATURE	orature, typed or printed name of registered agent in OFFICERS AND	and their applicable.	(NOTE: Registered Agent s 13. 1, 1 TITLE		I when re-installing)	ICERS AND		
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4. For hereby certify that the information supplied with this ning is voluntarily furnished and does not qualify for the exemption stated in Section 1.18.0 foliate. From Stated and States. From Stated in Section 1.18.0 foliate 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 unde oath; that I am an officer or director of the combration 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.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4110/94 407-859-414