

**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 # 387225 (6)

R.U.T. CORPORATION, INC.



Principal Place of Business: 507 NORTH NEW YORK AVE 303 (KING) WINTER PARK FL 32789
Mailing Address: 507 NORTH NEW YORK AVE 303 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 08/23/1971
3a. Date of Last Report: 10/20/1995
4. FEI Number: 59-1423875
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

2. Principal Place of Business: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: KING, JOHN H. 507 N NEW YORK AVE 303 WINTER PARK FL 32789
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. Thereby 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 fee, if applicable) (Date) (Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	WILLIAMS, STEPHEN S.	12 NAME	
STREET ADDRESS	1825 N MILLS AVE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	
NAME	WOOD, SUSAN W.	22 NAME	
STREET ADDRESS	6 EAST NEW HAMPSHIRE ST	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	100001907851
NAME		52 NAME	-07/30/96--01081--011
STREET ADDRESS		53 STREET ADDRESS	***8.75
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	000001907850
NAME		62 NAME	-07/30/96--01081--010
STREET ADDRESS		63 STREET ADDRESS	***225.00
CITY-ST-ZIP		64 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 or 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: Stephen Williams 7-28-96 904428-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (3/96)