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 FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (2) 562990 CENTRAL FLORIDA REPORTERS, INC. Mailing Address Principal Place of Business 105 E. ROBINSON ST. SUITE 503 105 E. ROBINSON ST. SUITE 503 ORLANDO FL 32801 ORLANDO FL 32801 3a. Date of Last Report 3. Date Incorporated or Qualified 03/27/1978 05/01/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1803321 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes No Country Zιο Country Zip 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 E ENGLAND ARF. YVONNE J. **B**2 105 E. ROBINSON ST. 503 ORLANDO, FL 83 32801 DRLANDO 32801 . 1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Surff change was authorized by the corporation's board of directors. Thereby accept the appointment of the registered logism 607, 0505, Florida Statules. provisions of Sections 6 Pursuant to the office or registe agent. I am f ENGLAND SIGNATURI (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTORS OFFICERS A 12. Change Addition DELETE 11111111 TITLE CR2E034 1.2 NAME NAME ARF, YVONNE J 13 STREET ADDRESS 105 E. ROBINSON ST. 503 STREET ADDRESS 14 CHTY - ST-ZIP CITY-ST-ZIP ORLANDO, FL 00000 Change Addition DELETE 2 I TITLE TITLE 2.2 NAME **EUBANKS, DIANE TEBBE** NAME 2.3 STREET ADDRESS 105 E. ROBINSON ST. STREET ADDRESS 2 4 CITY - ST-ZIP ORLANDO FL CITY-ST-ZIP Change Addition DELETE TITLE 3.2 NAME ENGLAND, SUSAN E. NAME 3.3 STREET ADDRESS STREET ADDRESS 105 E. ROBINSON ST. 503 34 City-St-ZIP ORLANDO FL CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TILLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. Too hereby certify that the information supplied with this fing 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 indicator purific, annual proof 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 ahyan officer or fling for bit the exportation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Flock 13 or Blicck 13 if changety or on an axachment with an address.

SUSAN ENGLAND

SIGNATURE