

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 625025 (2)
1. Corporation Name
NORTHERN MUSKOKA, INC.



Principal Place of Business: **390 N ORANGE AVE. STE 1300 ORLANDO FL 32801**
Mailing Address: **390 N ORANGE AVE. STE 1300 ORLANDO FL 32801**

3. Date Incorporated or Qualified: **05/16/1979**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
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4. FEI Number: **59-2391804**
Applied For: 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

9. Name and Address of Current Registered Agent
**BUILDER, J. LINDSAY, JR.
390 N ORANGE AVE, STE 1300
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name: **J. Lindsay Builder, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **369 N. New York Avenue**
83
84 City: **Winter Park** FL 85 Zip Code: **32789**

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 607.0502, Florida Statutes.

SIGNATURE: *J. Lindsay Builder, Jr.* **J. Lindsay Builder, Jr.** 4/29/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	BUILDER, J. LINDSAY, JR.	
STREET ADDRESS	390 N ORANGE AVE, 1300	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Lindsay Builder, Jr.	
1.3 STREET ADDRESS	369 N. New York Avenue	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Lindsay Builder, Jr.* **J. Lindsay Builder, Jr.** 4/29/96 647-4455
DATE DAYTIME PHONE #

CR2E034 (12/95)