

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$125 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 25 AM 8:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 628781 (7)

1. Corporation Name
THE CONDO STORE, INC.

Principal Place of Business Mailing Address
P.O. BOX #41 WINTER PARK FL 32790 **P.O. BOX #41 WINTER PARK FL 32790**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1979	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1923674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HEWITT, JAMES T.
1664 BARCELONA WAY
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature must be printed name of registered agent and title if applicable) (Print Registered Agent signature request when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	NAME HEWITT, JAMES T.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1664 BARCELONA WAY	CITY ST ZIP WINTER PARK FL	12 NAME	
		13 STREET ADDRESS	
		14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	21 TITLE	
STREET ADDRESS	CITY ST ZIP	22 NAME	
		23 STREET ADDRESS	
		24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31 TITLE	
STREET ADDRESS	CITY ST ZIP	32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41 TITLE	
STREET ADDRESS	CITY ST ZIP	42 NAME	
		43 STREET ADDRESS	
		44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51 TITLE	
STREET ADDRESS	CITY ST ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61 TITLE	
STREET ADDRESS	CITY ST ZIP	62 NAME	
		63 STREET ADDRESS	
		64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), 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 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this form with an address.

SIGNATURE: **July 15, 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James T. Hewitt

CR2E034 (3/95)