

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **F70210** (2)
1. Corporation Name
UPSALA FLORIDA CORPORATION INC.

Principal Place of Business 9229 HIDDEN BAY LANE ORLANDO FL 32819-4859	Mailing Address 9229 HIDDEN BAY LANE ORLANDO FL 32819-4859
--	--



2. Principal Place of Business 21 9217 HIDDEN BAY LANE Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FLORIDA Zip Country 24 32819-4859 25		2a. Mailing Address 26 9217 HIDDEN BAY LANE Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FLORIDA Zip Country 29 32819-4859 30		3. Date Incorporated or Qualified 03/09/1982	3a. Date of Last Report 01/23/1996
		4. FEI Number 59-2203551		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent NADD, JOHN SCOTT 9229 HIDDEN BAY LANE ORLANDO FL 32819		10. Name and Address of New Registered Agent 81 Name NADD, JOHN SCOTT 82 Street Address (P.O. Box Number is Not Acceptable) 9217 HIDDEN BAY LANE 83 84 City ORLANDO FL 85 Zip Code 32819	
--	--	---	--

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 John Scott Nadd **John Scott NADD, P.S.D.** 1/7/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input type="checkbox"/> DELETE	1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NADD, JOHN SCOTT		1.2 NAME NADD, JOHN SCOTT	
STREET ADDRESS 9229 HIDDEN BAY LANE		1.3 STREET ADDRESS 9217 HIDDEN BAY LANE	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP ORLANDO FLORIDA	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NADD, AGNES ELIZABET		2.2 NAME NADD, AGNES ELIZABETH	
STREET ADDRESS 9229 HIDDEN BAY LANE		2.3 STREET ADDRESS 9217 HIDDEN BAY LANE	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP ORLANDO FLORIDA	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Scott Nadd **JOHN SCOTT NADD** 1/7/97 (407) 876-1828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)