

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUN 19 PM 3: 23

DOCUMENT # F85905 (0)

1. Corporation Name
 10,000, INC.

Principal Place of Business Mailing Address
 720 MAGNOLIA ST 504 N. DOXE FREEWAY
 P.O. BOX 1304 P.O. BOX 1304
 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32170
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/26/1982 3a. Date of Last Report 08/15/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2274961		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		6. This corporation has liability for intangible tax under s. 193.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		32168		Uolusia			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILEY, DAVID 720 MAGNOLIA AVE NEW SMYRNA BCH FL 32168				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVID	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, DAVID J.	12 NAME	
STREET ADDRESS	907 N. ATLANTIC AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BCH. FL	14 CITY - ST - ZIP	
TITLE	PD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, KAREN ANNE	22 NAME	
STREET ADDRESS	907 N. ATLANTIC AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BCH. FL	24 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Wiley DAVID WILEY 6/13/95 428-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)