

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003200 (1)
1. Corporation Name

RESTOR-AIT, INC.

Principal Place of Business

Mailing Address

4501 VINELAND ROAD
ORLANDO FL 32811

4501 VINELAND ROAD
ORLANDO FL 32811



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1995	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 59-3331808	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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

CAUTHEN, WILLIAM H
CAUTHEN & FELDMAN, P.A.
215 NORTH JOANNA AVE.
TAVARES FL 32778

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 William H. Cathen

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

Date 7/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDT	1.1 TITLE	
NAME	GERGEL, MARK A	1.2 NAME	
STREET ADDRESS	4501 VINELAND ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32811	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	
NAME	KIDDER, MARTIN D	2.2 NAME	
STREET ADDRESS	4501 VINELAND ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32811	2.4 CITY - ST - ZIP	
TITLE	VC	3.1 TITLE	
NAME	CARR, JOHN A	3.2 NAME	
STREET ADDRESS	4501 VINELAND ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32811	3.4 CITY - ST - ZIP	
TITLE	C	4.1 TITLE	
NAME	ODOM, STEVEN A	4.2 NAME	
STREET ADDRESS	4501 VINELAND ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32811	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Martin D. Kidder / MARTIN D. KIDDER

7/1/96

(407)843-7031

CR2E034 (3/96)