ecoup i	MOTION CORPORATION WILL BE	DISCOULTS ON OD AFTER A	HOUGT	7 4000	<del></del>	
AMOUNT DUE ( F COR! ANNU	COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. IT DUE ON OR BEFORE 87/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)  PROFIT CORPORATION NNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # H50332 (7)						
1. Corporation Name  DEHAVEN-BRETT EQUITIES, INC.						
DEMAY	ENTORETT EQUITES, INC.					
Principal Place of Business Mailing Address					T FACION OF A BIND OFFICE AND MAKE	784 E1011 07017 01011 E7011 E7011 07011 1001
*165 EAST COLLEGE SUITE 640 P.O. BOX 10208 *SUITE ME22 TALLAHASSEE FL 32302						
TALLAMASSEE FL 32302 US US					3. Date Incorporated or Qualified 05/30/1985	3a. Date of Last Report 03/20/1995
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number 59-2536349	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
3 FL	Country Zip			ntry	Trust Fund Contribution  8. This corporation has liability for	
4 32-3	9. Name and Address of Current		30		Florida Statutes  10. Name and Address of New R	Yes No egistered Agent
DEHAVEN, JAMES A.  106 EAST COLLEGE, SUITE 640  82 Street Address (P.O. Box Number is Not Acceptable)						hila)
TALLAHASSEE FL 32301				83	ress (r.o. box interiber is not Accepta	
				<b>84</b> City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607 0502	2 and 607 1508, Florida Statutes	s, the abo	ove-named corp	oration submits this statement for the p	FL 89 2.0000
Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above-hamed 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE						
	Signatina (yakal or profe Trame of ografered agen OFFICERS AND		Registered	Agent signature requ	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE NAME	PTD DELETE		1 t TIT.			Change Addition
STREET ADDRESS	DEHAVEN, JAMES A. 832 GOVERNORS DRIVE			HEET ADDRESS		
CITY-ST-ZIP TITLE	TALLAHASSEE FL DELETE		1 4 CIT 2 1 THT	Y - ST - ZIP LE		Change Addition
NAME STREET ADDRESS	BRETT, JUDITH E.			ME REET ADDRESS		
CITY-ST-ZIP	832 GOVERNORS DRIVE TALLAHASSEE FL			TY - ST - ZIP		
TITLE NAME		DELETE	3 1 TiT 3 2 NA			Change Addition
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4 1 TH	TY - ST - ZIP LE		Change Addition
NAME			4 2 NA			
STREET ADDRESS CITY+ST-ZIP				REET ADDRESS 'Y - ST - ZIP		
TITLE NAME		DELETE	5 1 TH 5 2 NA			Change Addition
STREET ADORESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 CIT 6 1 117	IY-SI-ZIP LE		Change Addition
NAME			6 2 NA	ME		
STREET ADDRESS CITY+ST-ZIP				REET ADDRESS IY - ST - ZIP		
14. I do hereb further cer	lify that the information indicated on I	this annual report or supplemen	nished ar ntal annu	nd does not qua al report is true	lify for the exemption stated in Section and accurate and that my signature ship dito exocute this report as required by	all have the same legal effect as if
	me appears in Block 12 or Block 13 if				1 1	,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

904-349-2363