

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H82159 (5)

1. Corporation Name

MAIN STREET ASSOCIATES, INC.

Principal Place of Business

430 MAIN STREET
P O BOX 528
WINDERMERE FL 34786-7528

Mailing Address

430 MAIN STREET
P O BOX 528
WINDERMERE FL 34786-7528



2. Principal Place of Business

2a. Mailing Address

21 430 MAIN STREET
Suite, Apt. #, etc.
22 City & State
23 WINDERMERE, FL
Zip 34786 Country ORANGE
24 34786 25 ORANGE
26 430 MAIN STREET
Suite, Apt. #, etc.
27 City & State
28 WINDERMERE, FL
Zip 34786 Country ORANGE
29 34786 30 ORANGE

9. Name and Address of Current Registered Agent

BLACK, JUDY
430 MAIN STREET
WINDERMERE FL 34786

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

Signature typed or printed herein of registered agent and how it applies

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PV
BLACK, JUDY
8047 CITRON COURT
ORLANDO FL
2. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TS
BLACK, JUDY
8047 CITRON COURT
ORLANDO FL
3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

407-876-2090

CR2E034 (12/95)