

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

5 MAY - 1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J30864** (9)
1. Corporation Name:
NATIONAL CONSORTIUM RESEARCH CORPORATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 2129 WINTER PARK FL 32790
Mailing Address: P.O. BOX 2129 WINTER PARK FL 32790

3. Date Incorporated or Qualified: **08/28/1986**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business: 26. Mailing Address

4. FEI Number: **59-2710213**
Applied For: Not Applicable

21. State Apt # of: 27. State Apt # of:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State: 28. City & State:

6. Election Campaign Financing: \$5.00 May Be Added to Fees

23. City & State: 28. City & State:

6. This corporation has liability for intangible tax under Florida Statutes: Yes No

24. City & State: 25. City & State: 29. City & State: 30. City & State:

9. Name and Address of Current Registered Agent
**WOOD, PHILIP
480 VIRGINIA DRIVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81. Name: **HARRY W. COLLISON, JR.**
82. Street Address (P.O. Box Number is Not Acceptable): **154 PARK AVE. SOUTH**
83. City: **WINTER PARK** FL 85. Zip Code: **32789**

11. Pursuant to the provisions of Sections 607.0602 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]* **HARRY W. COLLISON, JR.** 4/27/95

12. OFFICERS AND DIRECTORS

1. NAME	DPS WOOD, PHILIP F.
2. STREET ADDRESS	109 E. WELBOURNE AVE. WINTER PARK FL
3. CITY & STATE	WINTER PARK FL
4. NAME	DVT COLLISON, HARRY W., JR.
5. STREET ADDRESS	109 E. WELBORNE AVE. WINTER PARK FL
6. CITY & STATE	WINTER PARK FL
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

16. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	154 PARK AVE. SOUTH WINTER PARK FL 32789
18. CITY & STATE	WINTER PARK FL 32789
19. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS	154 PARK AVE. SOUTH WINTER PARK FL 32789
21. CITY & STATE	WINTER PARK FL 32789
22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS	
24. CITY & STATE	
25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. STREET ADDRESS	
27. CITY & STATE	
28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. STREET ADDRESS	
30. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 194.041, Florida Statutes. I further certify that the information included in 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 person or person empowered to execute this report as required by Chapter 194, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* **HARRY W. COLLISON, JR.** 4/27/95 (407) 647-0800