SECOND NOTICE: C AMOUNT DUE ON OR BEF PROFIT CORPORATI ANNUAL REP 1996 DOCUMENT 1. Corporation Name	ORT	FLORIDA DEPAR Sandra B Socretar	E TO REINSTATE: \$375.)		
Principal Place of Busines 2140 HUNTERFIELD RD MAITLAND FL 32751 US	IES, INCORPORATED	Mailing Address 2140 HUNTERFIELD RD. MAITLAND FL 32751 US		3. Date Incorporated or Qualified 09/30/1986	<b>3a.</b> Date of Last Report <b>04/03/1995</b>
2. Principal Place of Busi 21	· ·	2a. Mailing Address		4. FEI Number 59-2741185	Applied For Not Applicable
Suite, Apt. #, etc.	c -	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
Zip 24	Country	Zip	Country .	Trust Fund Contribution  8. This corporation has liability for I	
	and Address of Current Re		81 Name	Florida Statutes  10. Name and Address of New Re	Yes No gistered Agent
-SUITE-C- MAITLAND F  11. Pursuant to the provise office or registered ac	ERFIELD ROAD  L 32751  Sions of Sections 607,0502 and pent or both, in the State of Fi	d 607.1508, Florida Statute orida Such change was au	83 84 City s, the above-named corporation	ss (P.O. Box Number is Not Acceptab ration submits this statement for the purish board of directors. I neceby accept	FI 85 Zip Code
SIGNATURE	in. and accept the obligations	5 OF, GOCTION 1007, USOS FIOT	оа Бтагитев.		
12.	for printed harrer of registered agent and OFFICERS AND DI		Registered Agent's gnature required  13.  11 TILE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME MEINE STREET ADDRESS 2140 H	R, EDWARD IUNTERFIELD ROAD AND FL		1 2 NAME 1 3 STREET ADDRESS		ERS AND DIRECTORS IN 12 66 8 9 50 50 50 50 50 50 50 50 50 50 50 50 50
TITLE NAME STREET ADDRESS	NOTE	DELETE	2 1 TITLE 2 2 NAME 2 3 STREEL ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		DELETE	3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP		DELETE	4 2 NAME 4 3 STREET ADDRESS 4 4 City - St-Zip 5 1 Title		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-7:P		[ onenge. [] Mounton
TITLE NAME STREET ADORESS CITY-ST-ZIP		DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		Change Addition
·····	I am a coffice of director of t	mual repontor subplémen	ished and does not qualify tal annual report is true and	for the exemption stated in Section 1: diaccurate and that my signature shall o execute this report as required by Co Tughther	have the same legal effect as if napter 617, Florida Statutes, and