

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:26

DOCUMENT # **J51256** (2)

1. Corporation Name
THE 1065 CORPORATION

Principal Place of Business: **1836 WOODWARD ST**
POST OFFICE BOX 9986
ORLANDO FL 32802

Mailing Address: **301 E. HILLCREST STREET**
ORLANDO FL 32802
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/08/1987** 3a. Date of Last Report: **02/10/1994**

4. FEI Number: **59-2750667** Applied For: Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

WATTLES, ROBERT C.
200 EAST ROBINSON STREET
SUITE 1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): **1836 WOODWARD ST**

83 _____

84 City: **ORLANDO** **FL** **85** Zip Code: **32803**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WATTLES, ROBERT C.
STREET ADDRESS	301 E. HILLCREST STREET
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	STEPHENS, WALTER
STREET ADDRESS	ACADEMY LN. & NINTH ST.
CITY, ST, ZIP	MONTVERDE FL
TITLE	STD
NAME	KOIVU, DANIEL
STREET ADDRESS	1836 WOODWARD ST
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	HAMILTON, CAROLYN
STREET ADDRESS	2314 E. HARDING AVE.
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	PETERSON, MARCIA
STREET ADDRESS	16 EASTVIEW ST.
CITY, ST, ZIP	W. HARTFORD CT
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1836 WOODWARD ST
14 CITY, ST, ZIP	32803
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), Florida Statutes. I further certify that the information presented 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or newly attached with an address.

SIGNATURE: **Robert C. Wattles p/o** **4/7/95** **407/836-2350**

DATE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT C. WATTLES**