FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # K06968 (7)

1. Corporation Name
DOMINION INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
% MARVIN E. ROOKS, ESQ. ~~147 WEST LYMAN AVENUE~~ ~~WINTER PARK FL 32789~~	% MARVIN E. ROOKS, ESQ. ~~147 WEST LYMAN AVENUE~~ ~~WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE

3. Date Income Tax Return or Qualification Filed: 12/15/1987
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business	2a. Mailing Address
21 Marvin E. Rooks, Esquire	26 Marvin E. Rooks, Esquire
22 MARVIN E. ROOKS, P.A.	27 MARVIN E. ROOKS, P.A.
23 500 Crown Oak Centre Drive	28 500 Crown Oak Centre Drive
24 Longwood, FL 32750 (City) (State) 25	29 Longwood, FL 32750 (City) (State) 30

4. FEI Number: 59-2936885 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROOKS, MARVIN E ESQ ~~% TURNBULL, ABNER, DANIELS & ROOKS~~ ~~147 WEST LYMAN AVENUE~~ ~~WINTER PARK FL 32789~~	81 Name: Marvin E. Rooks, Esquire 82 MARVIN E. ROOKS, P.A. 83 500 Crown Oak Centre Drive 84 Longwood, FL 32750 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, if agent or printed name of registered agent, if other than officer) (NOTE: Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	☐ Change ☐ Addition
NAME	NORMAN, GEORGE J	12 NAME	
STREET ADDRESS	1983 N. SEMORAN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	NORMAN, JAMES G	22 NAME	
STREET ADDRESS	1983 N. SEMORAN BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NORMAN, FORREST A	32 NAME	
STREET ADDRESS	1983 N. SEMORAN BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct. I am aware that any false information submitted in a document to the Department of State for filing may subject me to criminal penalties. 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: James E. Norman 1-17-95 407-657-9300
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (OR AUTHORIZED AGENT) — Date — Daytime Telephone Number

0045015 CP