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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

DOCUMENT # K07678 (1) FRED VAN ASSCHE & ASSOCIATES, INC.							
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					T (MATATIK) DIA MAKA KATAL ANGA ARBAT KANI AKAM AKAM AKAM AKAM AKAM AKAM		
five sized Plans	-tD -in-						
Principal Place of Business Mailing Address							A1814 B1811 B1311 4861
135 E MORSE BLVD WINTER PARK FL 32789 -INTER PARK FL 32789 -INTER PARK FL 32789			-				
US		US	_,00		Date Incorporated or Qualified	I do Data di an	<u> </u>
					12/17/1987	3a. Date of Last 05/01/	
	ncipal Place of Business 2a. Mailing Address				4. FEI Number	50,5.1	Applied For
21 Suite Ant	26 Suite, Apt. #, etc. Suite. Apt. # etc.						Not Applicable
22 Suite, Apr	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	5 Additional
	City & State City & Sta		:e		6. Election Campaign Financing		Required May Be
23	28			Trust Fund Contribution			ed to Fees
Zip 24	Country 25	Zip 29	Country 30		This corporation has liability for in Florida Statutes		s 199.032,
9. Name and Address of Current Registered Agent					Florida Statutes Yes 10. Name and Address of New Re	□ No egistered Agent	
			81 1	Name			
LANDIS, DAVID M. 28 E. WASHINGTON ST. ORLANDO FL 32801			82 3	Street Addri	ddress (P.O. Box Number is Not Acceptable)		
			83				
UNLAI	100 FL 32801		63				
			84 (City		FL 85 2	Ip Code
11. Pursuant t	o the provisions of Sections 607.050;	2 and 607 1508, Florida Statul	tes, the above-nar	ned corpora	ition submits this statement for the purp		registered office
	h, and accept the obligations of, Sec			ition's boari	d of directors. I hereby accept the appo	intment as registere	id agent. Lam
SIGNATURE _	Signature, typed or printed name of registered agen	J. pari fills it positionals	075 D				
12.		ID DIRECTORS	OTE: Registered Agent sig	Quature required	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT	ORS IN 12
TITLE	P DELETE		1. 1 TITLE		7.2571-0.1571-1.102-0.171	☐ Change	
NAME	VANASSCHE, FRED J.		1.2 NAME				_
STREET ADDRESS			1.3 STREET ADI	DRESS			
CITY-ST-7IP	WINTER PARK FL ST PROBLETE		1.4 CITY - ST - Z	iÞ.			
NAME	MAN ACCOURT ICOLA		2 1 TITLE			☐ Change	Addition
STREET ADDRESS	555 E LAKE SUE AVE		2.2 NAME 2.3 STREET ADD	DDECC			ŀ
CITY-ST-ZIP	WINTER PARK FL		2.5 STREET ADD				
TITLE			3. 1 TITLE	"		☐ Change	Addition
NAME			3.2 NAME				_
STREET ADDRESS			3.3. STREET AD	ORESS			
CITY-ST-ZiP		·	3.4 CITY-ST-Z	IP.			1
Trille	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition		Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADD	DRESS			
CITY - ST - ZIP		ET NO PER	4.4 CITY - ST - ZI	IP			
TITLE			5. 1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			5.2 NAME				
1			5.3 STREET ADE	í			
CITY-ST-ZIP TITLE	P2		5.4 CITY - ST - ZI 6. 1 TITLE	P			
NAME	•		6.2 NAME		☐ Change ☐ Addition		L ADDITION
STREET ADDRESS			6.3 STREET ADD	IBECC			
CITY-SI-ZIP			6.4 CHY-ST-Z				1
	certify that the information supplied	with this filing is voluntarily furr	nished and does no	t qualify for	the exemption stated in Section 119.0	7/3\/k) Florida Statu	tos 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 artiachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 407-647-2865