

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Shirley B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K07748 (2)

1. Corporation Name

SUZUKI TALENT EDUCATION OF ORANGE PARK, INC.

Principal Place of Business

**589 BLANDLING BLVD.
ORANGE PARK FL 32073
US**

Managing Agent's

**C/O DAVID A. KING, ATTORNEY
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DAVID A. KING
ATTORNEY AT LAW
1416 KINGSLEY AVE.
ORANGE PARK FL 32073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.14(8), 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 I accept the obligations of, Section 607.14(6), Florida Statutes.

SIGNATURE

Signature of registered agent, or both, for the corporation

Signature of the Agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	[] DELETE
NAME	WEHNER, MARION	
STREET ADDRESS	306 FOXRIDGE RD.	
CITY-STATE-ZIP	ORANGE PARK FL	
TITLE	VD	[] DELETE
NAME	WEHNER, LARRY	
STREET ADDRESS	306 FOXRIDGE RD	
CITY-STATE-ZIP	ORANGE PARK FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	[] Change [] Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	[] Change [] Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	[] Change [] Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	[] Change [] Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied with this form was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information disclosed 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 member or trustee empowered to execute this report as required by Chapter 637, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an addition to Block 13.

SIGNATURE: *Marion U. Wehner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marion U. Wehner, President

3-29-96

904-276-1259

CR2E034 (12/95)