FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K22454 (8)

1. Corporation Name
2845 CORAL WAY, INC.

Principal Place of Business
518 SAN SEBASTIAN PRADO
ALTAMONTE SPRINGS FL 32716-0544
US

Mailing Address
P.O. BOX 160544
ALTAMONTE SPRINGS FL 32716-0544

3. Date Incorporated or Qualified: 04/28/1988
3a. Date of Last Report: 03/17/1995
4. FEI Number: 59-2890464 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business
21 518 San Sebastian Pr.
Suite, Apt. #, etc
22 ———
City & State
23 Altamonte Spgs. FL
Zip
24 32716
Country
25 USA

2a. Mailing Address
26 P.O. Box 160544
Suite, Apt. #, etc.
27
City & State
28 Altamonte Spgs, FL
Zip
29 32716
Country
30 USA

9. **Name and Address of Current Registered Agent**

MOORE WILLEY, WANDA
518 SAN SEBASTIAN PRADO
ALTAMONTE SPRINGS FL 32714

10. **Name and Address of New Registered Agent**

81 Name: Same - ~~Moore~~, Willey, Wanda Moore
82 Street Address (P.O. Box Number is Not Acceptable): 518 San Sebastian Prado
83 mailing P.O. Box 160544
84 City: Altamonte Spgs FL
85 Zip Code: 32716

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: Wanda Moore Willey — 1-22-96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[X] DELETE
NAME	MOORE, B. J.	
STREET ADDRESS	499 STATE ROAD 434,#2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DST	[X] DELETE
NAME	HOLLINGSWORTH, II G R	
STREET ADDRESS	499 STATE ROAD 434, STE. 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST Debra Moore thompson	[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O. Box 160544	
1.4 CITY-ST-ZIP	518 San Sebastian Prado, Altamonte Spgs, FL	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/Pres.	[X] Change [ ] Addition
3.2 NAME	Willey, Wanda Moore	
3.3 STREET ADDRESS	518 San Sebastian Prado	
3.4 CITY-ST-ZIP	Altamonte Spgs, FL 32716	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(k), Florida Statutes. 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: Wanda Moore Willey — 1-22-96 — 862-0496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #