SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

L09905

(5)

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Principa! Place	e of Business	Mailing Address					
125 S. SWOOPE AVE STE #106 MAITLAND FL 32751 US		125 S. SWOOPE AVE STE #106 MAITLAND FL 32751 US	STE #106 MAITLAND FL 32751		3. Date Incorporated or Qualific		late of Last Report
2. Principal Pi	lace of Business	2a. Mailing Address			08/08/1989 4. FEI Number		5/01/1995 Applied For
21		26			59-2967777		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired		\$8.75 Additional
City & State	0	City & Stale				(2)	Fee Required
23	•	28			 Election Campaign Financing Trust Fund Contribution 	' 🗆	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability f	or intangible	
4	25	29	30		Florida Statutes	Yes [No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered	Agent
CO	DOPER, MARK O		'	31 Name			
	O EAST ROBINSON ST. #865		1	32 Street Add	ddress (P.O. Box Number is Not Acceptable)		
Of	RLANDO FL 32801		ļ.	33			
			[
			[8	City		FL	85 Zip Code
11. Pursuant I	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abo	ve-named corr	poration submits this statement for the	o moss of	changing its registered
OIDGE OF RE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was	authorized t	ov the corporat	tion's board of directors. Thereby according	ept the appo	ontment as registered
SIGNATURE	C-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
	Signature, typed or printed name of registered ag			Agent signature requ	ADDITIONS/CHANGES TO OF	DATE	DIDECTOR: IN 12
12.		ent and title if anplicable (NC ND DIRECTORS DELETE	13.	· · · · · · · · · · · · · · · · · · ·	and after repositing) ADDITIONS/CHANGES TO OF		1 / · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AN	ND DIRECTORS		£			1 / · · · · · · · · · · · · · · · · · ·
12. TITLE NAME	OFFICERS AN	ND DIRECTORS	13. 1.1 THL 1.2 NAM	£			1 / · · · · · · · · · · · · · · · · · ·
12. TITLE NAME STREET AODRESS	OFFICERS AN PT SAFT, SANDRA U	ND DIRECTORS	13. 1.1 THL 1.2 NAN 1.3 STR	E 16			1 / · · · · · · · · · · · · · · · · · ·
12. Title Name Street Adoress City-St-Zip	OFFICERS AN PT SAFT, SANDRA U 102 CRESTWOOD DR LONGWOOD FL VS	ND DIRECTORS	13. 1.1 THL 1.2 NAN 1.3 STR	E IE EET ADDRESS -ST-7IP			Change Addit-or
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PT SAFT, SANDRA U 102 CRESTWOOD DR LONGWOOD FL VS SAFT, M ALLEN	ND DIRECTORS DELETE	13. 1.1 THL 1.2 NAN 1.3 STAI 1.4 CITY	E EEL ADDRESS -ST-ZIP E			Change Addit-or
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96 407-539-1303