CORPO ANNUAL	OFIT DRATION REPORT 196	Œ	Sandra Secreta	RTMENT OF STATE B Mortham ary of State CORPORATIONS		
OCUME orporation Na	ENT #	L67612	(6)			
	ALTY, INC.) 1 1 1 1 1 1 1 1 1 1	# 1# 1# 1# 1# 1# 1# 1# 1# 1# 1# 1# 1# 1#
cipal Place of	Business		Mailing Address			MII 91914 91914 91911 91911 91911 91911 1991
15 W. OAKRIDO ITE #7 ILANDO FL 320			4625 SALVIA ORLANDO FL 32809 US		Date Incorporated or Qualified 04/24/1990	3a. Date of Last Report 04/25/1995
Princinal Place	e of Business		2a. Mailing Address		4. FEI Number	Applied For Not Applicable
			26 Suite, Apt #, etc		59-3004334 5. Certilicate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, 6	eic		27		Gertine de di data de la constanta de la	\$5.00 May Be
City & State			City & State		Trust Fund Contribution	Added to Fees
Žip.	├ ¬	Country	Zip 29	Country 30	8. This corporation has liability fo Florida Statutes	Yes No
	9. Name and	Address of Current		81 Name	10. Name and Address of New F	Registered Agent
ORLA	OAKRIDGE ANDO FL 321	309		63		95 Zin Code
Pursuant to office or reg agent. I am	o tne provisions gistered agent, n familiar with, a	of Sections 607,0502 or both, in the State o and accept the obligat	ions of, Section 607.0505,	84 City stutes, the above-named coras authorized by the corpora	rporation submits this statement for the statement acceptation's board of directors. I hereby acceptation	FL 85 Zip Code purpose of changing its registered ept the appointment as registered
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