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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	1996		Secre DIVISION OF	tary of State CORPORAT	IONS				
OCUN	/IENT #	L84320	(5)						
	C ACCESS, II	NC.							
nnopal Place o	of Business		Mailing Address				HOR OUR DIOLE	DAF OKAJA OL	
201 E PINE	ST		201 E PINE ST						
STE 730 ORLANDO F	L 32801		STE 730 ORLANDO FL 32801						
US			US			 Date Incorporated or Qualified 06/29/1990 	3a. Date (of Last Re)7/18/1	
Principal Plac	ce of Business		2a. Mailing Address			4. FE! Number			Applied For
Cob A. L.		2	26			59-3118195			Not Applicabl
Suite, Apt. #,	, etc.	2	Suite, Apl. #, etc.			5. Certificate of Status Desired			Additional Required
City & State			City & State			6. Election Campaign Financing			May Be
			18	1 4		Trust Fund Contribution		Added	to Fees
Ziμi	25 Co	untry	- Ζιρ 9]	Countr 30	У	8. This corporation has liability for Florida Statutes	intangible tax	under s	199.032,
		Idress of Current Re		1301		10. Name and Address of New F		gent	
				8	1 Name				
	ER, THOMAS S.			83	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
SUITE 5	east bank bui	LUING		8:	3				
	DO FL 32802								
O116/4/1	DO 1 L 02002			84	a Ou			85 Zir	Code
tectionar with	the provisions of S d agent, or both, in , and accept the ob	ections 607,0502 and the State of Florida. S digations of, Section 6	607.1508, Fiorida Statut uch change was authoriz 07.0505, Florida Statutes	es, the above	' '	oration submits this statement for the pul ard of directors. I hereby accept the app	FL rpose of chan ointment as re	1 1	egistered offi agent. I am
rasionar with GNATURE	, and accept the or	ections 607.0502 and the State of Florida. S algations of, Section 6 and already and agent and OFFICERS AND DIF	U7.0505, Florida Statutes Initiapplicable. NC	es, the above ed by the cor	named corpo poration's boa	oration submits this statement for the purard of directors. I hereby accept the appoint when revisitating) ADDITIONS/CHANGES TO OFF	rpose of chan ointment as re	iging its re egistered	****
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95 407-843-333