

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 # M80124 (4)

1. Corporation Name

SUGARLOAF MOUNTAIN, INC.



Principal Place of Business

Mailing Address

% BARBARA E. PRICE
2036 HOFFNER AVE.
ORLANDO FL 32809

% BARBARA E. PRICE
2036 HOFFNER AVE.
ORLANDO FL 32809

3. Date Incorporated or Qualified
05/05/1988

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 3609 Northglenn Dr.

26 3609 Northglenn Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Orlando FL

27 City & State
Orlando FL

23 Zip Country
32806

28 Zip Country
32806

24 32806

29 32806

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, BARBARA E.
2036 HOFFNER AVE.
ORLANDO FL 32809

81 Name

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

3609 Northglenn Dr.

83

84 City
Orlando

FL

85 Zip Code
32806

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

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 D
NAME PRICE, KARICK A., SR.
STREET ADDRESS 2036 HOFFNER AVE.
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME PRICE, BARBARA E.
STREET ADDRESS 2036 HOFFNER AVE.
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME COX, W.T. JR
STREET ADDRESS 200 PASADENA PLACE
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME PRICE, STEPHEN H.
STREET ADDRESS 2036 HOFFNER AVE
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME PRICE, KARICK A JR
STREET ADDRESS 2036 HOFFNER AVE
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME OVERTON, LAURA M.
STREET ADDRESS 2036 HOFFNER AVE
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3609 Northglenn Dr. Orlando FL
1.4 CITY-ST-ZIP 32806

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3609 Northglenn Dr. Orlando FL
2.4 CITY-ST-ZIP 32806

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 3609 Northglenn Dr. Orlando FL
4.4 CITY-ST-ZIP 32806

5.1 TITLE
5.2 NAME Karick (spelling)
5.3 STREET ADDRESS 3609 Northglenn Dr. Orlando FL
5.4 CITY-ST-ZIP 32806

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 3609 Northglenn Dr. Orlando FL
6.4 CITY-ST-ZIP 32806

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:

Barbara E. Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

407 855 0481

Daytime Phone

CR2E034 (12/95)