

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

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 27 **Orlando FL**
23 **Orlando FL** 28 **Orlando FL**
City & State City & State
24 **32806** 25 Country 29 **32806** 30 Country
Zip Zip

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** 85 Zip Code **FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, KARICK A., SR. 2036 HOFFNER AVE. ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3609 Northglenn Dr. Orlando FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, BARBARA E. 2036 HOFFNER AVE. ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3609 Northglenn Dr. Orlando FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, W.T. JR 200 PASADENA PLACE ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, STEPHEN H. 2036 HOFFNER AVE ORLANDO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3609 Northglenn Dr. Orlando FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, KARICCK A JR 2036 HOFFNER AVE ORLANDO FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Karick (spelling) 3609 Northglenn Dr. Orlando FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OVERTON, LAURA M. 2036 HOFFNER AVE ORLANDO FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3609 Northglenn Dr. Orlando FL 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 Date: 4/25/96 Daytime Phone #: 407 855 0481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)