

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NQNP
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14474 (3)
1. Corporation Name
THE FLORIDIANS, INC.



Principal Place of Business
1726 KING PHILLIP DR
KISSIMMEE FL 34744

Mailing Address
P O BOX 423445
KISSIMMEE FL 34742-3445
US

3. Date Incorporated or Qualified 04/18/1986
3a. Date of Last Report 05/24/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2803425	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONG, WILLIAM J.
1726 KING PHILLIP DR.
KISSIMMEE FL 32743

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE William J. Long
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

7/7/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	LONG, WILLIAM	
STREET ADDRESS	1726 KING PHILLIP DR	
CITY - ST - ZIP	KISSIMMEE FL 34744	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAINRIGHT, DAN	
STREET ADDRESS	3410 OAK DR	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TRISSEL, DEBORAH M.	
STREET ADDRESS	4875 N.E. 76TH WAY	
CITY - ST - ZIP	WILDWOOD FL 34755	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIBBS, VERNON	
STREET ADDRESS	P O BOX 311	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHIRAH, WADE	
STREET ADDRESS	2484 THOMPSON ST	
CITY - ST - ZIP	AUBURNDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCQUAY, MIKE	
STREET ADDRESS	1719 N CENTRAL AVE	
CITY - ST - ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D HEISLER, LARRY
2.3 STREET ADDRESS	4945 Mikonos Place
2.4 CITY - ST - ZIP	Cocoa, FL. 32926
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D LONG, WILLIAM II
4.3 STREET ADDRESS	5650 CYRIL'S DR.
4.4 CITY - ST - ZIP	ST. CLOUD, FL. 32769
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600001920316
6.3 STREET ADDRESS	-08/13/96--01107--004
6.4 CITY - ST - ZIP	***61.25

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, 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: William J. Long 07/07/96 (407) 851-0660
Signature and typed or printed name of signing officer or director Date Daytime Phone #