

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001624 (6)

1. Corporation Name
THE STRAIGHT AAA'S FOUNDATION, INC.



Principal Place of Business: 1717 GAY DRIVE ORLANDO FL 32803
Mailing Address: 1717 GAY DRIVE ORLANDO FL 32803

3. Date Incorporated or Qualified: 04/09/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 5218 ST. REGIS PL. Suite, Apt. #, etc. Orlando FL 32812 USA
2a. Mailing Address: 26 5218 ST. REGIS PL. Suite, Apt. #, etc. Orlando FL 32812 USA
23. City & State: Orlando FL
24. Zip: 32812
25. Country: USA

4. FEI Number: 59-3183052
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
BROOKS, BILL
1717 GAY DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name: BROOKS, William G.
82 Street Address (P.O. Box Number is Not Acceptable): 5218 ST. REGIS PL.
83
84 City: ORLANDO FL 85 Zip Code: 32812

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 G. Brooks* William G. BROOKS 4-3-96
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	CD	<input type="checkbox"/> DELETE
NAME	BROOKS, BILL	
STREET ADDRESS	1717 GAY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	YORK, JEFF	
STREET ADDRESS	905 GROVER AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SENAPE, SHARON	
STREET ADDRESS	POST OFFICE BOX 5117	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GODOROV-SUPOWITZ, SUSAN	
STREET ADDRESS	151 OVERLOOK ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROOKS, WILLIAM G.	
1.3 STREET ADDRESS	5218 ST. REGIS PL.	
1.4 CITY-ST-ZIP	ORLANDO FL 32812	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	WINTER PARK FL 32789	
2.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	800001867278	
6.3 STREET ADDRESS	-06/19/96--01083--002	
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. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* 4/30/96 407-422-7487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

PM 01/17/96