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.)

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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DOCUM	1ENT	# N93C	0000	3238	(3)									
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Principal Place	of Business		Maitir	ng Address					I HOOFITOL GIO 18109 H	FAL BONN GOAR		*101		
5701 IBIZAN CT. 5701 IBIZAN CT.														
ORLANDO FL 3	32810		ORL	ANDO FL 32810										
								3. Date	07/20/1993	Qualified	3a . Da	te of Last F 06/09/1	leport 995	t
Suite, Apt. #, etc. City & State			——————————————————————————————————————	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28				4. FEI Number 59-3218837			Applied For Not Applicable			***
			S									\$8.75 Additional Fee Required		
								6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees		
Zip		Country	Zi	ip		ountry	,		corporation has t		ntangible (
<u> </u>		25	29		30				la Statutes		Yes [No		
	9. Name a	ind Address of Curr	rent Register	ed Agent		81	Marro	10. Nam	e and Address	i New Reg	jistered A	gent		
OFMIOD						81	Name							
	I, SONIA L ED BONE L	ANE				82	Street A	Address (P.O. Bo	x Number is Not	Acceptabl	e)			
	ED BOINE F	ANE				83	-			•				
ORI ANI	10 FI 128	10												
ORLANI	OO FL 328	10										7-1 -		
			1502 and 617.	1508, Florida St.	atutes, the	84		corporation subn	nits this statemer	it for the pu	FL rpose of o		Code	
II. Pursuant to office or re- agent. I am	o the provisic gistered age n familiar with	ons of Sections 617.0 ont, or both, in the Sta n, and accept the obl x printed name of registered	ligations of, Si	ection 617.0503	, Florida Si	above ed by latutes	named c the corpo	required when re:nstate	ng)		rpose of c the appoi	changing it	s regi registe	stered ered
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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 on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

June 12, 1996 294-6073 0004468