

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
 ANNUAL REPORT
1996



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

DOCUMENT # N93000004072 (5)

1. Corporation Name
CENTRAL FLORIDA WOMEN IN INTERNATIONAL TRADE, INC.



Principal Place of Business
**111 N ORANGE AVE
 SUITE 1600
 ORLANDO FL 32801**

Mailing Address
**P O BOX 1504
 GOLDENROD FL 32733-1504**

3. Date Incorporated or Qualified **09/09/1993** 3a. Date of Last Report **03/28/1995**

2. Principal Place of Business
21 300 N. KNOWLES AVE

Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

City & State **27** City & State
23 WINTER PARK

Zip **24 32789** Country **25 USA** Zip **29** Country **30**

4. FEI Number **59-3180459** 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 **50103**

9. Name and Address of Current Registered Agent
**PARKS, LINDA G
 111 N ORANGE AVE
 SUITE 1600
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name TANYA BEARD VAN HAUWAERT
82 Street Address (P.O. Box Number is Not Acceptable) 300 N. KNOWLES AVE
83 STE. 216
84 City WINTER PARK FL 85 Zip Code 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	BROWN, JANINA	
STREET ADDRESS	111 N ORANGE AVE SUITE 1600	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/>
NAME	BEARD, TANYA	
STREET ADDRESS	700 MELROSE AVE #24L	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GURNIK, SUSAN	
STREET ADDRESS	107 KYLE DR	
CITY-ST-ZIP	ORLANDO FL 32751	
TITLE	T	<input checked="" type="checkbox"/>
NAME	PARKS, LINDA G T.	
STREET ADDRESS	111 N. ORANGE AVE., STE. 1600	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	TANYA BEARD VAN HAUWAERT		
1.3 STREET ADDRESS	300 N. KNOWLES AVE, STE 216		
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	JOHN R MARSHALL, III		
2.3 STREET ADDRESS	4814 DERRY COURT		
2.4 CITY-ST-ZIP	ORLANDO, FL 32817		
3.1 TITLE	D/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	ROSELLEN KRAUS		
3.3 STREET ADDRESS	P.O. BOX 161530		
3.4 CITY-ST-ZIP	ORLANDO, FL 32816		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (3/96)