FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -7 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003615 (1)

1. Corporation Name
FRAMEWORKS ALLIANCE, INC.

Principal Place of Business	Mailing Address
1890 N PRAIRIE DUNES CT OVIEDO FL 32765	1890 N PRAIRIE DUNES CT OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report: None
4. FEI Number: 59-3257617 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 15½ N. Eola Dr.	26 15½ N. Eola Dr.
Suite, Apt. #, etc. 22 Suite #5	Suite, Apt. #, etc. 27 Suite #5
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip / Country 24 32801 / 25 U.S.A.	Zip / Country 29 32801 / 30 U.S.A.

9. Name and Address of Current Registered Agent

JOYNER, BRENDA
1890 N PRAIRIE DUNES CT
OVIEDO FL 32765

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ■ Addition
NAME	NEFF, JASON	1.2 NAME	Jason Neff
STREET ADDRESS	15 1/2 N EOLA DR #5	1.3 STREET ADDRESS	15½ N. Eola Dr. #5
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Orlando, FL. 32801
TITLE	D	2.1 TITLE	D ■ Change ☐ Addition
NAME	AMBURN, CHUCK	2.2 NAME	Brenda Joyner
STREET ADDRESS	3962 JERICHO DR	2.3 STREET ADDRESS	1890 N. Prairie Dunes ct.
CITY-ST-ZIP	CASSELBERRY FL 32707	2.4 CITY-ST-ZIP	Oviedo, FL. 32765
TITLE	D	3.1 TITLE	D ■ Change ☐ Addition
NAME	MCMANN, NATHAN	3.2 NAME	Amy Wieck
STREET ADDRESS	12175 SCIENCE DR #31	3.3 STREET ADDRESS	1320 Arden st.
CITY-ST-ZIP	ORLANDO FL 32826	3.4 CITY-ST-ZIP	Longwood, FL. 32750
TITLE	D	4.1 TITLE	D ■ Change ☐ Addition
NAME	PARTAIN, ANN	4.2 NAME	Jack Marsh
STREET ADDRESS	8201 SUN SPRINGS CIRCLE #21	4.3 STREET ADDRESS	12175 Science Dr. #31
CITY-ST-ZIP	ORLANDO FL 32825	4.4 CITY-ST-ZIP	Orlando, FL. 32826
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GOULD, MITCH	5.2 NAME	
STREET ADDRESS	10430 GLASSBOROUGH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jason Neff Jason Neff 4/4/95 (407)839-6045
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000300