FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION* ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthain Secretary of State

1996

REALITY CHECK, INC.

DIVISION OF CORPORATIONS

DOCUMENT #	N95000004939	(3)
------------	--------------	-----

SECRETAL OF SIME

TINC	рагна	Ce Of I	business	
701	WEST	MAIN	STREET	

LEESBURG FL 34748

701 WEST MAIN STREET

Mailing Address

LEESBURG FL 34748

								3. Date Incorporated or Qualified 10/13/1995		of Last Report
2.	Principal Place of Busine	ess	2a	. Mailing Addr	ess			4. FELNumber		Applied For
21			26					59-3342297		Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt. #	t, etc.			5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
23	City & State		28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24		Country 25	29	Ζιρ	30	untry		This corporation has liability for int Florida Statutes	angible tax Yes 💢 N	
		and Address of Curi	rent Regis	stered Agent				10. Name and Address of New Re-	gistered Ag	jent
	, D. Don D. D.	PRES.				81	Name			
	MAÏELLO, ROB 701-WEST MAIN S	TREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	LEESBURG FL 347	'48				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 it stered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	11 TITLE D	Change Addition
NAME		1.2 NAME	WAYNE LOZIER 203 TOMATO HILL RD
STREET ADDRESS		13 STREE! ADDRESS	203 TOMATO HILL KD
DITY-ST-ZIP		1.4 CITY - \$1 - ZIP	Leesburg Fl 34748
TITLE	SEC. DELETE	21 TITLE D	SECRE TORY Change Addition
NAME	SACH FOWLER	2 2 NAME	WICK MARUNIAK
STREET ADDRESS	14 Hilly wy	2.3 STREET ADDRESS	
CITY - ST - ZIP	Fruitland PK F/ 3473)	2. 4 CHTY-ST-ZIP	Leesburg Fl 34748
TITLE	DELETE	3.1 TITLE	Treasurer Change MAddition Jim Waybright 5028. Cane DAK Dr.
NAME		3 2 NAME	JIM WAYBRISHT
STREET ADDRESS		3 3 STREET ADDRESS	S SOZS, CANE ANK Dr.
CITY-ST-ZIP		3 4 CITY-ST-ZIP	Loesburg fl 34748
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	800001823668
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST- ZIP	*****70,00 *****70,00
TITLE	DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		53 STREET ADDRESS	s
CITY-ST-ZIP		5.4 CHTY-ST-ZIP	
TITLE "	DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	A A
STREET, ADDRESS		63 STREET ADDRESS	[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CITY-ST-ZIP		6 4 CITY-ST-ZIP	N.R.

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 poort 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 12 if changed of order attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE

Daytime Phone I

CR2E037 (12/95)