


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P11342 1. Corporation Name POA ACQUISITION CORPORATION			
Principal Place of Business 7380 SAND LAKE RD STE 120 ORLANDO FL 32819		Mailing Address 7380 SAND LAKE RD SUITE 120 ORLANDO FL 32819	
2. Principal Place of Business 21 [] Suite, Apt. #, etc.		2a. Mailing Address 26 [] Suite, Apt. #, etc.	
23 [] City & State		27 [] City & State	
24 [] Zip		28 [] Zip	
25 [] Country		29 [] Country	
30 [] Country		3. Date Incorporated or Qualified 09/08/1986	
31 [] Applied For		3a. Date of Last Report 01/25/95	
32 [] Not Applicable		4. FEI Number 51-0295166	
33 [] Certificate of Status Desired		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
34 [] Trust Fund Contribution		6. Trust Fund Contribution <input type="checkbox"/> \$5.00 Added to Fees	
35 [] This corporation has liability for intangible tax under s. 199.032, Florida Statutes		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 [] B4 City FL B5 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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when re-registering)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MCLAUGHLIN, JAMES A. 7380 SAND LAKE RD #120 ORLANDO FL 32819	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/CFO VANN, BOB 7380 SAND LAKE RD #120 ORLANDO FL 32819	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NICHOLS, ANDREW L. 21 CUSTOM HOUSE ST BOSTON MA	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLACE, RICHARD C. 21 CUSTOM HOUSE ST BOSTON MA	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMPSON, WILLIAM F. 21 CUSTOM HOUSE BOSTON MA	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] [] [] []	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		800001871168 -06/21/96--01045--001 ***233.75	

CR2E034 (3/96)

Handwritten initials and date: [Signature] 6/10/96

SIGNATURE: *[Signature]* **6/10/96** **407/363-1021**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR