SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: $375

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:

DOCUMENT # P93000009903 (4)

1. Corporation Name

GISCLAR, PANIAGUA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~650 CRYSTAL LAKE DRIVE~~ ~~PORT ORANGE FL 32127~~	5955 TG LEE BLVD. SUITE 150 ORLANDO FL 32822 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 5955 TG LEE BLVD.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 SUITE 150	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28
Zip / Country 24 32822 25 USA	Zip / Country 29 30

3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 03/18/1994
4. FEI Number 59-3161172	☐ 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	

9. Name and Address of Current Registered Agent

WELLS, MAXWELL W JR.
340 NORTH ORANGE AVENUE
ORLANDO FL 32801

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	PT	11 TITLE		☐ Change ☐ Addition
NAME	GISCLAR, SHELLY B	12 NAME		
STREET ADDRESS	712 KISSIMMEE PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	PANIAGUA, J G	22 NAME		
STREET ADDRESS	8801 SW 103RD ST	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	GISCLAR, MARK D	32 NAME		
STREET ADDRESS	712 KISSIMMEE PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WELLS, MAXWELL W	42 NAME		
STREET ADDRESS	340 N ORANGE AVE	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE Shelley Gisclar 6/13/95 4078500718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014014 CP