

**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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20 1996 8:00 am
Secretary of State

DOCUMENT # **P93000033548 (7)**
1. Corporation Name

THE STORK LINE, INC.



Principal Place of Business Mailing Address
931 ST. ROAD 434 SUITE 234 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified **05/05/1993** 3a. Date of Last Report **03/06/1996**
4. FEI Number **59-3186203** 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. 199.03?, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**NOWLIN, JAMES W
50 S.E. 4TH AVE.
DELRAY BEACH, FL 33483**

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 (FOI: Registered Agent's signature required when re-registered)

12. OFFICERS AND DIRECTORS		
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	SPARRELL, SARAH D	
STREET ADDRESS	931 ST. ROAD 434, SUITE 234	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SPARRELL, JOHN D	
STREET ADDRESS	931 ST. ROAD 434, SUITE 234	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President, Tres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sarah D. Sparrell	
1.3 STREET ADDRESS	931 St. Rd 434, Suite 234	
1.4 CITY-ST-ZIP	Altamonte Sp, FL 32714	
2.1 TITLE	V. P. M. Jan Walker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jan Walker	
2.3 STREET ADDRESS	931 St. Rd 434, Suite 234	
2.4 CITY-ST-ZIP	Altamonte Sp, FL 32714	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John R. Sparrell	
3.3 STREET ADDRESS	931 St. Rd 434, Suite 234	
3.4 CITY-ST-ZIP	Altamonte Sp, FL 32714	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Larry Walker	
4.3 STREET ADDRESS	931 St Rd 434, Suite 234	
4.4 CITY-ST-ZIP	Altamonte Sp, FL 32714	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	000001928080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-08/21/96--01027--005	
6.3 STREET ADDRESS	***375.00	
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 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 17, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sarah Sparrell* Sarah Sparrell June 14, 1996 800-478-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (3/96)