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.)



CORF ANNU	PORATION AL REPORT 996		Sandra E Sandra E Secreta DIVISION OF C	3 Mortna ry of Stal	im e					
DOCUM 1. Corporation R & D C	MENT # P930 CONSULTANTS, INC.	00034	036 (2)							
Principal Place of Business Mailing Address  331 BRIDLE PATH LANE ORMOND BEACH FL 32174 US  Mailing Address  331 BRIDLE PATH LANE ORMOND BEACH FL 32174 US					3. Date Incorporated or Qualified 3a. Date of t					
2. Principal Pla	ace of Business	2a. M	ailing Address			05/01/1993 4. FEI Number 59-3184665	02/3		plicable	
21   Suite, Apt. #	l, etc	27 Si	uite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Addi	ed	
City & State	Country	28 Z	ity & State	Co	ountry	Election Campaign Financing     Trust Fund Contribution     This corporation has liability for	intangible t	\$5.00 May Added to Fe tax under s 199	ees	
Ζιρ <b>24</b>	25	29		30		Ftorida Statutes	Yes 🔀	No		
	9. Name and Address of Co	urrent Register	ed Agent		81 Name	10. Name and Address of New Ro	egistered A	igeni		
OR	331 BRIDLE PATH LANE ORMOND BEACH FL 32174  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was auragent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Company (1997).			ites, the	84 City	poration submits this statement for the p	FL ourpose of	85 Zip Cod		
CICALATURE	Signature typed or profed name of register	red agent and tille if a	ppicable (N	Off Regist	ered Agent signature requ		()ATE			
12.	,,	S AND DIRECT	ORS DELETE	1	3. 1 TIILF	ADDITIONS OF A CO.		Change	Addition	
NAME STREET ADDRESS	D VON BROCKEN, DEBOR 331 BRIDLE PATH LANE ORMOND BEACH FL			١,	2 NAME 3 STREET ADDRESS 4 C(TY - ST- Z)P					
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORMOND BEACH FC		DELETE	2	1 TUTLE 2 NAME 3 STREET ADDRESS			<u>Change</u>	Addition	
CITY - ST - ZIP			DELETE	3	4 CITY - S1 - 7IP		<u> </u>	Change	Addition	
NAME STREET ADDRESS CITY-SI-ZIP				3	2 NAME 3 STREET ADDRESS 4. CITY - S1 - ZIP			Character T	Addition	
TITLE NAME STREET ADDRESS			[_] DELETE	4	1 TIME 2 NAME 3 STREET AC DRESS			Change	J Addition	
CITY-ST-ZIP TITLE			DELETE	į	4 CITY - ST - ZIP 11 TITLE 12 NAME			Change	Addition	
STREET ADDRESS CHY-ST-ZIP			DELETE		3 STREET ADDRESS 5 4 CITY - ST-ZIF			Change	Addition	
NAME STREET ADDRESS					5 2 NAME 5 3 STREFT ADDRESS					

14. If 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. Deligion of the Control of the Contr

SIGNATURE: