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

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P93000060149 (0)

EUUA	ACOST, INC.				
Principal Plac	ce of Business	Mailing Address			
2345 WHISE ORLANDO I	PERING MAPLE DRIVE FL 32837	2345 WHISPERING MA ORLANDO FL 32837	APLE DRIVE		
				3. Date Incorporated or Qualified	3a. Date of Last Report
9 Oringinal D	Place of Business			08/24/1993	12/29/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	#. etc	Suite, Apt. #, etc.		59-3199972	Not Applicable
22	1	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes	Yes No
<del></del>	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Rec	istered Agent
М	NEDFORD, J M		81 Name		
	345 WHISPERING MAPLE DRIVE	E	82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
0	PRLANDO FL 32837		<u>i l</u>		
			83		
			84 City		85 Zip Code
11 Pursuant	to the provisions of September 207.05	00 007 trop Et : 1 0			
11. ruisuani	registered agent or both in the State	602 and 607, 1508, Florida Statu	tes, the above-named corp	poration submits this statement for the pu	rpose of changing its registered
office or r	registered agreet of pour, in the stati	e of Florida, Such change was	authorized by the corporat	ion's board of directors. I hereby accent-	the appointment as registered
office or r agent I a	am familiar viith, and accept the oblig	e of Florida, Such change was gations of, Section 607.0505, Fl	authorized by the corporat lorida Statutes	poration submits this statement for the pulion's board of directors. I hereby accept	the appointment as registered
office or r agent 1 a SIGNATURE	Sull Sent	gations of, Section 607.0505, Fl	aumorized by the corporat forida Statutes PRESIDANT/REC	SISTEMED ASSOUT 2	the appointment as registered
	propriature typed or profiled in the of registered as	J. M. MO FORD (NO	PRESIDENT/RES	SISTEMED ASSOUT Sired when reinstating:	3-6-9/6
SIGNATURE	Authorities typed or puriod my use of registered as OFFICERS AI	gations of, Section 607, 0505, Fl  J. M. Hopper D. D. J. M. Hopper D. D. J. M. Hopper B. J. M.	PRESIDENT/RES DIE Rogistered Agent signature requi 13.	SISTELLED ASSOUT  ADDITIONS/CHANGES TO OFFICE	B-6-9/6 DAY ERS AND DIRECTORS IN 12
SIGNATURE	Superiore typed or pured in or of registered as OFFICERS AI	gent and trile if applicable.  ND DIRECTORS	PRESIDENT RESIDENT RE	SISTEMED ASSOUT Sired when reinstating:	3-6-9/6
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD MEDFORD, J. M 2345 WHISPERING MAPLE ORLANDO FL VPST MEDFORD, JOYCE	DR.    DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	SISTEMED ASSOUT Sired when reinstating:	B-6-9/ DATE ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE  112.  111LE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS	PD MEDFORD, J. M 2345 WHISPERING MAPLE ORLANDO FL VPST MEDFORD, JOYCE 2345 WHISPERING MAPLE	DR.    DELETE	13.  11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS	SISTEMED ASSOUT Sired when reinstating:	3-6-9/ DATE ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MEDFORD, J. M 2345 WHISPERING MAPLE ORLANDO FL VPST MEDFORD, JOYCE 2345 WHISPERING MAPLE ORLANDO FL ORLANDO FL D MEDFORD, JOYCE D MEDFORD, JOYCE	DR.  DELETE  DR.  DELETE  DR.  DELETE	13.	SISTEMED ASSOUT Sired when reinstating:	B-6-9/4  ERS AND DIRECTORS IN 12  Change Addition  Change Addition
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SIGNATURE:

SIGNATURE AND FIRED OR PRINTED NAME OF SIGNING OFFICER OPPORACION

J. M. MEDICANT

PRESIDENT

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 8-6-96 407-438-8520