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

DOCUMENT #	P93000061082	(2)
Corporation Name	1 3000000 1002	1-

CAROL E. DOZIER, C.P.A., P.A.

0.11.00		Mailwa Advence				
Principal Place of Business Mailing Address 428 COUNTY RD 25 LADY LAKE FL 32159 PO BOX 1400 LADY LAKE FL 32158-1400						
US		US	US		3. Date Incorporated or Qualified 08/27/1993	3a. Date of Last Report 08/07/1995
2. Principal Piace	of Business	2a. Mailing Addres			4. FEI Number 59-3201498	Applied For Not Applicable
Cuito Amb # or	to	26 Suite, Apt. #, e	tc			\$8.75 Additional
Suite, Apt #, e	ic	27			5. Certil cate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
3		28	Т	Country	Trust Fund Contribution 8. This corporation has liability for	
Zip J	Country 25	Z-p 29	30	,	Florida Statutes	Yes No
1	9. Name and Address of Curr				10. Name and Address of New Re	egistered Agent
Mille	ORN, MICHAEL D			81 Name	_	
	OUNTY ROAD 25			82 Street Add	ress (P.O. Box Number is Not Accepta	nle)
LADY	LAKE FL 32159			83		
						85 Zip Code
				84 City	poration submits this statement for the point's heard of directors. Thereby accept	FL
	ear as typed or participate of a charge trace		(NOTE FO	golead Age Lagour no trip.	ated where teachering) ADDITIONS/CHANGES TO OFF	ICAN ICERS AND DIRECTORS IN 12
12.		AND DIRECTORS	ETE	1 TITLE	ALDITIONS/OFFATGES TO SET	Change Addition
1	D Dozier, Carol e	,		1.2 NAME		
	428 COUNTY RD 25			13 STHEFT ADDRESS		
	LADY LAKE FL			1.4 City - St - ZiP		Change Addition
TITLE		[] DEI	LETE	2.1 TITLE		Change Addition
NAME				2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS				2.3 STREET ADDRESS		
TITLE		DE	LFIE	3 1 THLE		Change Addition
NAME		 :		3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
C(TY-ST-ZIP		707		34 CITY ST ZIP		Change Addition
TITLE		[] UE	LETE	4 1 MILE 4 2 NAME		
NAME				4.3 STREET ADDRESS		
STREET ADDRESS				4.4 CITY ST-ZIP		
TITLE		DE	LETE	5 1 TITLE		Change Additio
NAME				5.2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS		
C(TY - ST - ZIP			ELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
TIFLE			LECTE	6 2 NAME		
NAME CIPCET ADDRESS				6 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				6.4 City - ST - ZiP		
14. I do hereby further certi	certify that the information sup ify that the information indicate in oath, that I am an officer or do me appears in Block 13 or Block	g on this annual report of a	supple near	er or trustee enloowe	ualify for the exemption stated in Sections and accurate and that my signature sized to execute this report as required to	iy Chapter 617, Floridā Statutes, and
SIGNATU	JRE: UW	W DUPS	G OFFICER OF	ROIRECTOR	5/24/96	[Tryther Phone F

NTEO NAME OF SIGNING OFFICER OR DIRECTOR