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



FLORIDA DEPARTMENT OF STATE Sandra R. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P93	3000066267 (4)		
GROWTH OPPORTUNITIES,	INC.		
Principal Place of Business Mailing Address		I 108/400) no 1840 told abit) obly boly boly boly brid but but but but be	
106 CREEKWOOD CT.	P.O. BOX 3075 LONGWOOD FL 32750		
LONGWOOD FL 32779		3. Date Incorporated or Qualified	3a. Date of Last Report
		09/20/1993	09/07/1995
O District Property of Property	2a. Mailing Address	4. FEI Number	Applied
2. Principal Place of Business	26	59-3203713	Not App
21 Cuite Act # etc	Suite, Apt. #, etc.	5 Certificate of Status Desired	\$8.75 Additi

\$8.75 Additional Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & Stale City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Ζip Country Ζıρ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOSHER, DAVID D Street Address (P.O. Box Number is Not Acceptable) 82 105 CREEKWOOD CT. LONGWOOD FL 32779 83 Zip Code ₿5 84 City FL

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE .	Signature, typed or project came of o genered agent and their appli-	cable (NC)1E Be	gistered Agent signature require	ed white neitsfattig) OATE
12.	OFFICERS AND DIRECTOR	ìS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE.	D	DELETE	1 1 TITLE	C Gridings C 77000000
NAME	MOSHER, DAVID D		1.2 NAME]{
1	105 CREEKWOOD CT.		1.3 STREET ADDRESS	
STREET ADDRESS			1 4 CITY - ST - ZIP	
CITY-ST-ZIP	LONGWOOD FL 32779	DELETE	2 1 TITLE	Change Addition
TITLE			2.2 NAME	
NAME			2 3 STREET ADDRESS	
STREET ADDRESS			2 4 CITY - ST - ZIP	
CITY-ST-ZIP		DELFTE	3 1 TITLE	Change Addition
TITLE			3 2 NAME	
NAME			3 3 STREET ADDRESS	
STREET ADDRESS			3.4. CITY - ST - ZIP	
CITY-ST-ZIP		DELETE	4.1 THTLE	Change Addition
TITLE	t e		4 2 NAME	
NAME			4.3 STREET ADDRESS	
STREET ADDRESS	Ì		44 CITY - ST - ZIP	
CITY - ST - ZIP		DELETE	5 1 TITLE	Change Addition
TITLE			5 2 NAME	
NAME			5 3 STREET ADDRESS	
STREET ADDRESS			54 CITY - ST - ZIP	
CITY-ST-ZIP		DELETE	61 TITLE	Cnange Addition
TITLE		beer 16	6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS	i 		0 1 OUTV CT 200	
CITY-ST-ZIP			6 4 CITY - ST - ZIP	alify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I

I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this agricult report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this agricult report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this agricult report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and made under oath, that I am an officer of 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 cristinged, or on an attachment with an address.

IGNATURE:

| Continue | Continu

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For Not Applicable