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



FLORIDA DEPARTMENT OF STATE

	DRATION L REPORT 996			Sandra B. M Secretary o ION OF COF	f State	S		
OCUM Corporation N	ENT # ERVICES, I	P93000(084278	(9)				
1101000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Princigal Place o	f Business		Mailing Address	8				
201 PARK PLACI SUITE 306 ALTAMONTE SPI US		וס	P.O. BOX 94119 MAITLAND FL 3 US				Date Incorporated or Qualified 11/30/1993	05/01/1995
2. Principal Plac	e of Business		2a. Mailing Add	ress			4. FEI Number 59-3255521	Applied For Not Applicable
]			Suite Apt #	Leto				\$8.75 Additional
Suite, Apt. #,	etc		27	, •			5. Certificate of Status Desired	Fee Required
City & State	······································		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3 Zip		Country	Z ip		Country		8. This corporation has liability for	or intangible tax under s. 199.032,
4	25	,	29	3	0		Florida Statutes 10. Name and Address of New	Yes No
	9. Name an	d Address of Current	Registered Agent		81	Name	10. Name and Address of New	Trogramme Table
VAN	GELDER, DA	AVID					dress (P.O. Box Number is Not Accep	table)
	PARK PL #3				82	Street Add	gress (P.O. Box Number is Not Accep	addie,
ALTA	amonte spi	RINGS FL 32701			83			
					84	City		85 Zip Code
agent Lam	gistered ageni i familiar with,	and accept the obligat	ions of, Section 60	7.0505, Flore	, the above horized by t da Statutes	named corp the corporati	poration submits this statement for the tion's board of directors. I hereby accurately the tion is the tion of the tion in the tion is the tion in the tion in the tion is the tion.	FL
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SIGNATURE:

JUNION TO SIGNATURE AND TYPED OR PRIVATED NAME OF SIGNING OFFICER OR DIRECTOR

407-831-30116 Daymethaws

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