FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		DIVISION OF	CORPOR	ATIO	ONS				
1. Corporation	MENT # P930 REME DESIGN TECHNOLO		85509 (6	6)						
LATI	ILIVIL DESIGN TECHNOLO	idico, i	NG.							
Principal Place		Ma	iling Address	·+···			- I SOOMERSK HID FANDE HYSK ØRIKK DI	an mann benah milit bilit	Bally Barra IIII (88)	
5104 N. ORANGE BLOSSOM TR SUITE 112 ORLANDO FL 32810 US			P. O. BOX 1477 WINTER PARK FL 32790 US							
							 Date Incorporated or Qualified 12/06/1993 	3a. Date of Last 04/10/		
2. Principal Place of Business 2a. 21 26			Mailing Address				4. FEI Number		Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			·	59-3197851	00.7	Not Applicable	
22		[27]					5. Certificate of Status Desired		5 Additional Required	
City & State		2:8]	City & State				Election Campaign Financing Trust Fund Contribution	r) \$5.0	00 May Be ed to Fees	
Zip 24	Country 25	T 1	Zip	Cou	nlry		8. This corporation has liability for it	ntangible tax under :		
	9. Name and Address of Curre	29 nt Registe	ered Agent	[30]			Florida Statutes Yes 10. Name and Address of New Re	□ No		
					81	Name	TO, Marile and Address of New Ro	egistered Agent		
	OSON, MARK N			ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptabl	0)		
5300 SUMMERSET STREET ORLANDO FL 32810							oress (*			
OnDa	150 1 £ 02010			1	B3					
				- 1	84	City			ip Code	
 Pursuant to or register 	to the provisions of Sections 607.050	2 and 607.	1508, Florida Statutes	, the abov	œ-na	amed corpora	tion submits this statement for the purp d of directors. I hereby accept the appo	ose of changing its	registered office	
familiar wit	th, and accept the obligations of, Sec	tion 607.05	inange was authorize: 505, Florida Statutes.	d by the o	orpo	ration's board	d of directors. I hereby accept the appo	intment as registere	d agent. I am	
SIGNATURE _	Signature, typied or printed name of registered agen	Laudiba Care	Smalle Mari	TI BULLANT DO		Signature required v	- 1			
12.	OFFICERS AN			13.	sgent:	Signature required v	when reinstaling) ADDITIONS/CHANGES TO OFFK	DATE	200 141 40	
TITLE	Р		Detete	1 1 117	LF		SESSIONO/OHANGES TO OFFIC		Addition	
NAME STOCK ASSOCIATE	WOODSOM, MARK 5300 SUMMERSET ST			1.2 NA	AE .				ORS IN 12 Addition	
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL					DDRESS			ļ	
TITLE			DELFTE	1.4 CiT		- 7(P				
NAME				2.2 NAM				☐ Change	Addition (
STREET ADDRESS				2 3 STR		DDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		2.4 0(1)						
TITLE NAME			DELETE	3 1 7(1)	.E			☐ Change	Addition	
STREET ADDRESS				32 NAM						
CITY-ST-ZIP						DDRESS				
TITLE	Challenger and the control of the co		DELETE.	3 4 CITY 4. 1 TITL		ZIP		☐ Change	Addition	
NAME				4.2 NAM				Change	Addition	
STREET ADDRESS				4.3 STRE	ET AD	DDRESS				
CITY-ST-ZIP TITLE				4.4 CrTY	- ST - ;	ZIP			-	
NAME			DELETE	5. 1 TITL		1		Change	Addition	
STREET ADDRESS				5.2 NAM 5.3 STRC		nnoree			1	
CITY-ST-ZIP				5 4 C·TY		1				
TITLE	The ship of the state of the st		DELETE	6 1 TITL				Change	Addition	
NAME				6.2 NAM	=			C. Sharige		
STREET ADDRESS				63 STRE	CA 13	ORESS				
CITY-ST-ZIP				6.4 CITY	S1 - Z	7/P				

14. I do hereby certify that the information supplied with this filling 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 appears in Block 12 or Block 13 in changed, or on an attachment with an address.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

5/3/96 (407)240-2662