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SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 2:07

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P94000008240 (1)

1. Corporation Name
CARTWHEEL CRUISER, INC.

Principal Place of Business Mailing Address
**617 N. GARLAND
ORLANDO FL 32801** **617 N. GARLAND
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	404 N Orange Ave	26	404 N Orange Ave	01/18/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-3156394	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	
23	Deland, FL	28	Deland, FL	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24	32720	25	Volusia	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
29	32720	30	Volusia		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SNOW, JOHN R ESO 407 WEKIVA SPRINGS RD. SUITE 229 LONGWOOD FL 32779				81 Name	Bruner, Audrey		
				82 Street Address (P.O. Box Number is Not Acceptable)	660 D Muscovy Cr.		
				83			
				84 City	Deland	85 Zip Code	FL 32720

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. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: Audrey A Bruner DATE: 3-21-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNER, AUDREY	1.2 NAME	
STREET ADDRESS	5810 EGGLESTON AVE.	1.3 STREET ADDRESS	660 D Muscovy Cr.
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Deland, FL 32720
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, KIM	2.2 NAME	Audrey Bruner
STREET ADDRESS	5810 EGGLESTON AVE.	2.3 STREET ADDRESS	660 D Muscovy Cr.
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Deland, FL 32720
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Audrey A Bruner DATE: 3-21-95