SECOND AMOUNT DUE	NOTICE: CORPORATION WILL On or Before 8/1/96: \$225 (If Di	BE DISSOLVED ON SSOLVED, MINIMUM	OR AFTER A AMOUNT DUE	UGUST TO REIN	7, 1996. ISTATE: \$375	5.)			
	PROFIT	FLO	RIDA DEPART	MENT C	F STATE				
CORPORATION Sandra B.					n				
	JAL REPORT		Secretary						
1996 DIVISION OF CORPORAT					TIONS				
DOCUI 1. Corporation	MENT # P9400	0000983	8 (1)						
MPAKT.	, INC.						f 1854/88) 110 1814 Bibli doin Doin Boil B	III BANK ABIKA TAKAN TAKAN TIKAN KAN KAN	
Principal Place	e of Business	Mailing Add	illing Address						
1815 OLE HE	RITAGE DR	1815 OLE H	1815 OLE HERITAGE DR						
SUITE 12208 ORLANDO FL	33830	11208							
US	GEO 03	US US	L 32039				3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pr	ace of Business	2a. Mailing A	\ddress				01/31/1994 4. FEI Number	07/25/1995 Applied For	
21		26					65-0468794	Not Applicable	
Suite, Apt	#, etc.	Suite Ap	Suite Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & St.	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	-ut				8. This corporation has liability for i		
24]	9. Name and Address of Curr	29 29		30			Florida Statutes Name and Address of New Reg	Yes No	
SMITH, LEE ERIC 1815 OLE HERITAGE DR #11208 ORLANDO FL 32839					82 Street Address (PO Box Number is Not Acceptable) 83 84 City 85 Zip Code				
orice or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such ch	hange was aut	horized	by the corpo	corporal oration's	on submits this statement for the p. board of directors. Thereby accept	rpose of changing its registered the appointment as registered	
SIGNATURE	Translat With the decept the obt	igations of, occioin c	77 .0303, 1 lon	ua otatu	165.				
12.	Signature, typed or prioted name of registered a	agent and the it applicable. AND DIRECTORS	(he)7E		Agent signature:	required w		DATE	
TITLE	PCST	ND DIRECTORS	DELETE	13. 1110	LE I	Ole	ADDITIONS/CHANGES TO OFFIC		
NAME	SMITH, LEE ERIC		•	1 2 NA	ME .	ie	ERIC SMITH S OLE HERITAGE U	- A #UD-0	
STREET ADDRESS	1815 OLE HERITAGE DR #	11208	1.3 STREET ADDRESS			181	S OLE HERITAGE C	DR #11608	
CITY-ST-ZIP	ORLANDO FL			14 CH	Y-ST-ZIP	001	ANDO PT. SUR	39	
TITLE		<u> </u>	DELETE	2 1 TIT	LE	1/3	N B. FORSYTHE, II.	Change Addition	
STREET ADDRESS				2 2 NA	ME	GLE	N B. FORSYTHE OF	# 1200	
CITY-ST-ZIP						IRC	LANDO, 72 324	DRG	
TITLE			DELETE	3 1 TIF	TY ST-ZIP	OK	LANDO, 12 321	Change Addition	
NAME		L		3 2 NA					
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP					TY ST-ZIP				
TITLE			DELETE	41717	 			Criange Addition	
NAME				4 2 N/	IME				
STREET ADDRESS				4 3 ST	REET ADDRESS				
CITY-ST-ZIP				4.4 Cil	Y - ST - ZIP				
TITLE			DELETE	5 1 TIT	l F			Charige Addition	
NAME				5 2 NA	ME				
STREET ADDRESS				53\$1	REET ADDRESS				
CITY-ST-ZIP		<u>, </u>		5461	Y · ST - ZIP	<u> </u>	·		
TITLE			DELETE	6 1 TH	LE			Change Addition	
NAME				6.2 NA	ME	I			

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 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

63 STREET ADDRESS

SIQNATURE:

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

BI JUL 96 (407) 245-5261