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.) FLORIDA DEPARTMENT OF STATE PROFIT

CORPORATION ANNUAL REPORT



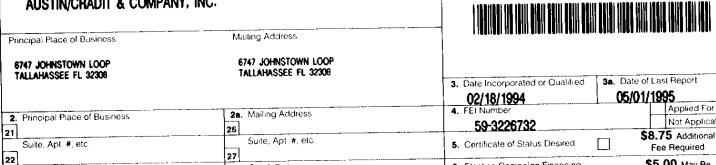
Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1012700 (0)

DOCUMENT # 1. Corporation Name	P94000013799 (9))	
AUSTIN/CRADIT & COMPANY, INC.			



Fee Required \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 B. This corporation has liability for intangible tax under s. 199.032. Country Zio Country Zip Yes No Florida Statutes 30 [29] 25 24 9. Name and Address of Current Registered Agent

AUSTIN, SCOTT A 6747 JOHNSTOWN LOOP TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent				
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City 85 Zip Code			

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. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE Signature typed or perfect range of registered agent and the diagraphies (INDIE Registered Agent signature required when reinstating) DAY						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD DELE	TE 1 TITLE	Change Addition			
NAME	AUSTIN, SCOTT A	1.2 NAME				
STREET ADDRESS	6747 JOHNSTOWN LOOP	1.3 STREET ADDRESS				
CITY - ST - ZIP	TALLAHASSEE FL 32308	14 CITY - SY - ZIP	Change Addition			
TITLE	VD DELE	TE 2.1 THTLE	Change Add tion			
NAME	WATSON, RONA K	2 2 NAME				
STREET ADDRESS	6747 JOHNSTOWN LOOP	2 3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32308	2 4 CITY - ST - ZIP	Change Addition			
TITLE	DELE	TE 3 1 TOTU€	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY - ST - ZIP		3.4 CiTY-ST-ZIP	Change Addition			
TITLE	DELE	TE 41 DILE	Ti change Ti Addition			
NAME		4 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY - ST - ZIP		44 CITY ST-7IP	Change Addition			
THILE	DEL	ETE 51 TITLE	Change Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY - ST - ZIP	Change Addition			
TITLE	DEL	ETE 61 TITLE	Change Addit an			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
JUNEEL MAUNESS		6 A C(TV \$1.74P				

64 City SI-ZIP

14. 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 I further certify that the information indicated on this arinual 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 harn an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 13 of changed, or on an autochment with an address.

SIGNATURE: ___

1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

Not Applicable