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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SOCIMENT #

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Corporation Name	# 13.	+0000	107	30	(2)	,
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HUFFMAN & ASSOCIATES, INC. Principal Place of Business Mailing Address 2541 PEPPERMILL BLVD. 2541 PEPPERMILL BLVD. ORLANDO FL 32837 ORLANDO FL 32837 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1994 04/13/1995 Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3229556 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country $Z_{\rm IO}$ Country 8. This corporation has liability for intangible tax under s. 199.032, **™**No Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUFFMAN, BARBARA Street Address (P.O. Box Number is Not Acceptable) 82 2541 PEPPERMILL BLVD. 83 ORLANDO FL 32837 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regularistic agent and the it applicable dROTE Registered Agent signature 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PVST** DELETE 1 1 TITLE Change Addition TITLE HUFFMAN, BARBARA 1.2 NAME NAME 2541 PEPPERMILL BLVD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32837 CITY - ST-7IP 14 CITY - ST - 7 P Addition □ DELETE TITLE 2 1 TIBLE HUFFMAN, BARBARA 2.2 NAME NAME 2541 PEPPERMILL BLVD. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP 2.4 CITY - S1 - ZIP TITLE DEL ETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STHEET ADDRESS 3.3 STREET ADDRESS CHTY - ST - ZIP 3.4 CITY - \$1 - ZIP DELETE Change Addition THILE 4 1 THILE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ACCRESS CITY - ST - ZIP 44 CITY ST-ZIP DELETE Change Addition TITLE 5 1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - ST-7P DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with this fring 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

64 City - ST - ZIP

STREET ADDRESS CITY - ST - ZIP

4/15/96 (407) 865-4337 (12/95)

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