

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.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000042109 (6)
 1. Corporation Name

SCORE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

393 LAKEVIEW AVE
 LAKE MARY FL 32746

393 LAKEVIEW AVE
 LAKE MARY FL 32746

2. Principal Place of Business

2a. Mailing Address

21 1712 N. 427
 22 Suite, Apt. #, etc

26 P.O. BOX 951476
 27 Suite, Apt. #, etc

23 LONGWOOD FL
 24 Zip 32750 25 Country USA

28 LAKE MARY FL
 29 Zip 32795-1476 30 Country USA

3. Date Incorporated or Qualified

06/01/1994

3a. Date of Last Report

07/31/1995

4. FEI Number

59-3250954

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
 Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MILLONIG, JOHN B JR.
 393 LAKEVIEW AVE
 LAKE MARY FL 32746

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and their applicable

(NOTE: Registered Agent signature required when not starting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME MILLONIG, JOHN B JR.
 STREET ADDRESS 393 LAKEVIEW AVE
 CITY-ST-ZIP LAKE MARY FL 32746

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

TITLE VD
 NAME HARDY, HENRY
 STREET ADDRESS 215 RABBIT RUN RD
 CITY-ST-ZIP OSTEEN FL 32764

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 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)(x), 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.

SIGNATURE:

John B Millonig Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96 407 834-0006

CR2E034 (3/96)