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 #

P94000047910 (2)

LAW OFFICES OF DEAN C. KOWALCHYK, P.A.				
Principal Place of Business	Mailing Address		T (DENIADE) HIS SOURCE CHANGE BEHIN ABOUT ABOUT BEHIN (DOUG HEIGH 1/01) ABUT 1/01/	
P.O. BOX 10807 TALLAHASSEE FL 32302	P.O. BOX 10907 Tallahassee Fl 32302			
			3. Date incorporated or Qualified   06/27/1994	
2. Principal Place of Business	2a. Maning Address		4. FEI Number Applied For 59-3251113 Not Applieable	
Suite Apt #, etc	26		\$8.75 Additional	
12	27		La ree nequired	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution  5.00 May Be Added to Fees	
Zip Country	7 (F)	Country	8. This corporation has liability for intangible tax under s. 199 032.	
4 25		30	Florida Statutes Yes No  10. Name and Address of New Registered Agent	
9. Name and Address of Curre	ent Registered Agent	81 Name		
KOWALCHYK, DEAN C ESO.		1	59M2	
411 N CALHOUN ST TALLAHASSEE FL 32301		62 Street	t Address (PO Box Number is Not Acceptable) ST	
IALLAHASSEE PL 32301		83	SUTTE F	
		84 City	FL 85 Zip Code 32301	
de Discourse de Contours 607.06	02 and 607 1508. Florida Statutes	the above-named	having this photograph for the represent changing its registered	
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obli			poration's board of directors. Thereby accept the appointment as registered	
Signature is predict print of the another trend da			increduced whe creatisticity OATS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	AND DIRECTORS DELETE	13.	SAME Additional State Additional Additional State Change Additional Additiona	
NAME KOWALCHYK, DEAN C		1.2 NAME	SAME	
STREET ADDRESS 820 E. PARK AVENUE, #E-	-100	1.3 STREET ADDRESS	TALL, FL 32301	
CITY-ST-ZIP TALLAHASSEE FL 32301		1.4 CITY - ST - ZIP	TACC, FC 32301	
TITLE	DELETE	2.1.1/[[E	Clidigo [ Adulti	
NAME		2.2 NAME 2.3 STREET ADDRESS	s	
STREET ADDRESS		2 4 CITY - ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	3 1 101.6	Change Addits	
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS	s	
CITY-ST 7IP	DELETE	3.4 C/TY-ST-ZIP	Change Additu	
THE	Dettie	4 2 NAME		
NAME STREET ADDRESS		4.3 STREET ADORES	ss	
City-St-Zip		4.4 CiTY - ST - ZIP		
TITLE	DELETE	5 1 TITLE	Change Additi	
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRES	SS	
CHY-ST-7IP	DELETE	5 4 CITY - ST - 7IP 6 1 TITLE	200001917E129ange Addit	
TITLE		62 NAME	200001917642ange Addit -08/09/9601027011	
NAME OTDERS ADDRESS		6 3 STREET ADDRES		
STREET ADDRESS		6.4 CHTY - ST - 7IP		
14. I do hereby certify that the information supp	fied with this filing is voluntarily for	rnished and does r	not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I is true and accurate and that my signature shall have the same legal effect as inspected to execute and this report as required by Chanter 617. Florida Statutes, at	
further certify that the information indicated made under oath, that I am an officer or din that my name appears in Block 12 on Block	on this annual report or suppliented	intal annual report	is true and accurate and marriy signature and marriy appropriate and powered to execute this report as required by Chapter 617, Florida Statules, an	

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96 (904)224-1987