ST JND AMOUNT DUS	NOTICE: CORPORATION WILL BE CM OR BEFORE 8/7/96: \$225 (IF DISSO	DISSOLVED ON OR AFTE OLVED, MINIMUM AMOUNT (R AUGUST 7, 1996. DUE TO REINSTATE: \$375.)		
COF ANNU	PROFIT RPORATION JAL REPORT 1996	FLORIDA DEPA Sandra Secret			
		0070411 (1			
DONA	LD L. GEIER, P.A.			1 # 1 10#10 #1 1400 #100 #100 #100 #100	HITA ATUKA NAGUI BAUK DIADA 1400 HIBA MBA
Principal Place	e of Business	Mailing Address			
1122 NW 6TH ST GAINESVILLE FL 32601-4247 GAINESVILLE FL 32601-4247 GAINESVILLE FL 32601-42			1-4247		
Principal Place of Business 2a Mailing Address			3. Date Incorporated or Qualified 09/22/1994	3a. Date of Last Report 04/28/1995	
21		2a. Mailing Address 26		4. FEI Number 59-3275222	Applied For Not Applicable
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for a Florida Statutes	
CI	Name and Address of Current FER, DONALD L	Registered Agent	81 Name	10. Name and Address of New Rec	Istered Agent
1122 NW 6TH ST			82 Street Add	dress (P.O. Box Number is Not Acceptable	2)
GF	AINESVILLE FL 32601-4247		83		
			84 City		FL 85 Zip Code
11. Pursuant to office or re agent I ar	to the provisions of Sections 607.0502 egistered agent, or both in the State of m familiar with, and accept the obligation	and 607,1508, Florida Statul Florida Such thange was a	tes, the above named corp authorized by the corporat orda Statutes	poration submits this statement for the purion's board of directors. I hereby accept t	pose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name a registered agent		TE Begistered Agent's gnature recu		6/12/96
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE NAME	d Geier, Donald L	DELETE	1 1 TITLE 1 2 NAME		ERS AND DIRECTORS IN 12 (See Addition 2) Addition (See Addition 2) Add
STREET ADDRESS	1122 NW 6TH ST		1 3 STREET ADDRESS		034
CITY-ST-ZIP TITLE	GAINESVILLE FL 32601-4247	DC: CYC	1 4 CITY - S1 - ZIP		H2E
NAME		DECETE	2 † TITLF 2 2 NAME		Change Addition O
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - ST - ZIP		
TITLE NAME		DELETE	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE NAME		L DELETE	4 1 TIFLE		Change Addition
STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
STREET ADDRESS			5 2 NAME		
CITY - ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME ETREET ADDOCCE			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereby	y certify that the information supplied y	with this filing is voluntarily fu	nished and does not qual	ify for the exemption stated in Section 11	07(3)(k), Florida Statutes 1
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 of Block 13 if changed, or on an attachment with an address					
SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day The Photograph					