## 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.)



	CORF ANNU	PORATION AL REPORT 996	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State			
[] 1.	CWG, IN	Hame	0074055 (2)				
Principal Place of Business  2635 GARDEN ST TITUSVILEL FL 32796 US			Mailing Address  236 BRISTOL CIRCLE SANFORD FL 32773 32			3. Date Incorporated or Qualified	
						10/05/1994	07/18/1995
2.	Principa! Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21			26			59-3270345	Not Applicable
22	Suite, Apt #	; etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip	Country	Zip	Country		8. This corporation has liability for	
24	<u></u>	25		30		10. Name and Address of New F	Yes No
$\vdash$		9. Name and Address of Currer	nt Hegistered Agent	81	Name	To. Name and Address of New P	legistered Agent
GUIDONE, MICHAEL A						100.0	
		BRISTOL CIRCLE		82	Street Add	iress (P.O. Box Number is Not Accepta	ADIC)
	SAN	IFORD FL 32773		83			
				84	City		85 Zip Code
				Ì			FL
1	<ol> <li>Pursuant to office or re agent. Lar</li> </ol>	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida: Such change was au ations of, Section 607.0505, Flor	s, the above uthorized by rida Statutes	i-named corp the corporat	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
s	GNATURE					ared when reinstating!	ŢιΛ*Ε
H	2.	Signature typed or printing name of registered agent and fide it applicable (NOTE OFFICERS AND DIRECTORS		13.	en signature requ		ICERS AND DIRECTORS IN 12
	ITLE	Р	DELETE	1 1 TITLE			Change Addition
N	IAME	GUIDONE, MICHAEL A		1.2 NAME	1		İ
s	TREET ADORESS	236 BRISTOL CIRCLE		13STHEE	ADDRESS		
С	ITY-ST-ZIF	SANFORD FL		1.4 CITY - :	ST-ZIP		
	ITLE	ST CHARGON CONTRACT	DELETE	2 1 1111.6			Change Addition \
1	LAME	WATTS-GUIDONE, CYNTHIA	М	2.2 NAME	LADDRESC		
1	STREET ADDRESS	236 BRISTOL CIRCLE SANFORD FL		2 4 CiTY -	I ADDRESS		
	CITY-ST-ZIP	ONITIOND IL	DELETE	3 i TiTLE	ST- EII		Change Ade tion
1	IAME		_	3 2 NAME			
1	TREET ADDRESS			3 3 STHEF	r address		
	CITY-ST-ZIP			34 City	ST-ZIP		
1	TITLE		DELETE	4.1 TITLE			Change Addition
	NAME			4 2 NAME			
1	STREET ADDRESS				T ADORESS		
$\vdash$	CITY - ST - ZIP TITLE	DOUTE		4.4 C/TY - 5.1 TITLE	J1* LIF		Change Addition
- 1	NAME			5 2 NAME			
- 1	STREET ADDRESS			5 3 STREE	T ADDRESS		
- 1	CITY-ST-ZIP			5 4 CITY -	ST-ZIP	- MARINE P	
Γ	TITLE		DELETE	6 I TITLE			Change Addit on
1	NAME			6.2 NAME	İ		
1:	STREET ADDRESS			63 STREE	T ADDRESS		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

\*\*SIGNATURE\*\*

\*\*SIGNATURE\*\*

\*\*SIGNATURE\*\*

\*\*DIRECTOR\*\*

\*\*DIRECTOR\*

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