

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
LAWRENCE B. MULRAN
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

JUN 10 AM 10:35

DOCUMENT # P94000078922 (9)

1. Corporation Name:

FONTAINE & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Mailing Address:

207-B BEACH DRIVE
DESTIN FL 32541

Mailing Address:

207-B BEACH DRIVE
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date of Last Report Qualified 3a. Date of Last Report
10/25/1994

4. EIN Number Applied For
59-3283959 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

7. The corporation has liability for intangible tax under § 199 (1)(G)
Florida Statutes Yes No

21. Principal Place of Business
21. 3853 Indian Trail
South Appt B-106

22. City & State
22. 27

23. City & State
23. 28

24. Zip
24. 25
24. 29
24. 30

9. Name and Address of Current Registered Agent

FONTAINE, RUSTI
207-B BEACH DRIVE
DESTIN FL 32541

10. Name and Address of New Registered Agent
81. Name
82. Street Address (Do Box Number is Not Acceptable)
83.
84. City
85. State
FL

11. Pursuant to the provisions of section 106, chapter 66, 1995 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or principal place of business from Destin, Florida to Tallahassee, Florida. The corporation is not engaged in the practice of law by reason of its incorporation, registration, or doing business in Florida. Florida Statutes

12. OFFICERS AND DIRECTORS

	12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS
1. President	President / Sec. Rusti Fontaine 3853 Indian Trail Destin, FL 32541	1. NAME 2. Title or Position 3. Address
2. Vice President	Vice President /Treas. George Fontaine 3853 Indian Trail Destin, FL 32541	4. NAME 5. Title or Position 6. Address
3. Secretary		7. NAME 8. Title or Position 9. Address
4. Treasurer		10. NAME 11. Title or Position 12. Address
5. Director		13. NAME 14. Title or Position 15. Address
6. Director		16. NAME 17. Title or Position 18. Address
7. Director		19. NAME 20. Title or Position 21. Address
8. Director		22. NAME 23. Title or Position 24. Address
9. Director		25. NAME 26. Title or Position 27. Address
10. Director		28. NAME 29. Title or Position 30. Address
11. Director		31. NAME 32. Title or Position 33. Address
12. Director		34. NAME 35. Title or Position 36. Address
13. Director		37. NAME 38. Title or Position 39. Address
14. Director		40. NAME 41. Title or Position 42. Address
15. Director		43. NAME 44. Title or Position 45. Address
16. Director		46. NAME 47. Title or Position 48. Address
17. Director		49. NAME 50. Title or Position 51. Address
18. Director		52. NAME 53. Title or Position 54. Address
19. Director		55. NAME 56. Title or Position 57. Address
20. Director		58. NAME 59. Title or Position 60. Address
21. Director		61. NAME 62. Title or Position 63. Address
22. Director		64. NAME 65. Title or Position 66. Address
23. Director		67. NAME 68. Title or Position 69. Address
24. Director		70. NAME 71. Title or Position 72. Address
25. Director		73. NAME 74. Title or Position 75. Address
26. Director		76. NAME 77. Title or Position 78. Address
27. Director		79. NAME 80. Title or Position 81. Address
28. Director		82. NAME 83. Title or Position 84. Address
29. Director		85. NAME 86. Title or Position 87. Address
30. Director		88. NAME 89. Title or Position 90. Address

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and true and correct to the best of my knowledge and belief. I further declare that the individual indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and weight under law that it would have if handwritten on the original or freely empowered to execute the report as required by chapter 66, Florida Statutes, and that my name appears at Block 12 or Block 14 of the original or an affidavit filed with this address.

SIGNATURE: *Rusti Fontaine* *Rusti*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rusti Fontaine

5/3/95 901-654-3112

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1. CORPORATION
2. STATE
3. DATE OF INCORPORATION
4. YEAR
5. 1995



6. FLORIDA DEPARTMENT OF STATE
7. SECRETARY OF STATE
8. ADDRESS
9. CITY
10. ZIP CODE
11. TALLAHASSEE, FLORIDA

12. DOCUMENT # P94000079130 (8)

13. DATE RECEIVED BY MAIL: 5/10/95

14. NEW COMMUNITY STRATEGIES, INC.

15. ADDRESS
16. CITY
17. STATE
18. ZIP CODE
19. TALLAHASSEE, FLORIDA

20. ADDRESS
21. CITY
22. STATE
23. ZIP CODE
24. COUNTY

25. ADDRESS
26. CITY
27. STATE
28. ZIP CODE
29. COUNTY
30. ZIP CODE

20. DATE OF INCORPORATION
21. DATE OF LAST REPORT
22. 10/27/1994

23. EIN NUMBER
24. 65-0539681
25. CERTIFICATE OF STATE LICENSE
26. \$8.75 ADDITIONAL
FEE REQUIRED
27. ELECTION CAMPAIGN FINANCING
TRUST FUND CONTRIBUTION
28. THE CORPORATION IS SUBJECT TO AN INTEGRITY TAX UNDER § 199 (C)(2)
29. DATED 10/27/94
30. NO
31. NO

9. Name and Address of Current Registered Agent

ROSENBAUM, IRVING
1450 S.W. 70TH AVENUE
PLANTATION FL 33317

81. Name	82. Street Address (P.O. Box Number, if Not Available)
83.	84. City
	85. Zip Code

11. I, the undersigned, being a citizen of the United States, do hereby declare under the penalties of perjury, that the above named corporation submits this statement for the purpose of changing its registered office and place of business 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 not a resident of the state of Florida. Florida Statutes

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)	
D	ROSENBAUM, IRVING 1450 S.W. 70TH AVENUE PLANTATION FL 33317	1. NAME 2. 100% OWNED 3. 100% OWNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4. NAME 5. 100% OWNED 6. 100% OWNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. NAME 8. 100% OWNED 9. 100% OWNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME 11. 100% OWNED 12. 100% OWNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		13. NAME 14. 100% OWNED 15. 100% OWNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		16. NAME 17. 100% OWNED 18. 100% OWNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		19. NAME 20. 100% OWNED 21. 100% OWNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22. NAME 23. 100% OWNED 24. 100% OWNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		25. NAME 26. 100% OWNED 27. 100% OWNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, do solemnly swear and declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and done in good faith for the compliance of section 100.14 of the Florida Statutes. That the officers and/or directors indicated on the annual report or supplemental annual report is true and accurate and that they agree to file before the same legal office as if made under oath, any documents or papers filed by the corporation in the course of their employment to execute the report as required by Chapter 100.14 of the Florida Statutes and that my name appears on Block 1 of Schedule C or an attachment thereto.

SIGNATURE:

SIGNATURE AND WILDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16. 5/10/95
2364034
17. 5/10/95
2364034
18. 5/10/95
2364034