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

PROFIT CORPORATION ANNUAL REPORT

1996

CASSELBERRY FL 32714



FLORIDA DEPARTMENT OF STATE

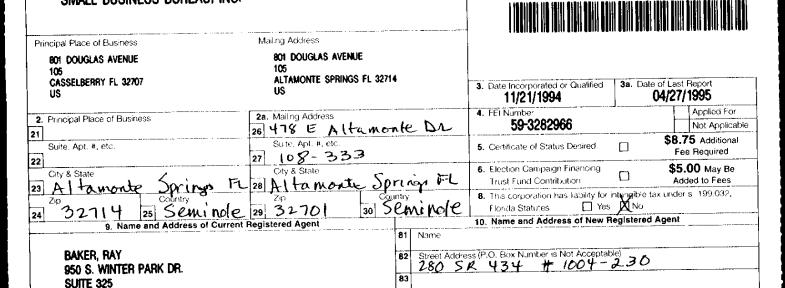
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000085407	(2

SMALL BUSINESS BUREAU, INC.



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

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SIGNATURE:	gratine typed or protect can existing densitiaged and their applica-	(NOTE Be-	gulered Agert signature n	spingrather resist for CA't
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELFTE	1. 1 TILLE	☑ Change ☐ Addition
NAME	BAKER, RAY		1.2 NAME	10 11011 11 10011 230
	801 DOUGLAS AVENUE, SUTE 105		13 STREET ADDRESS	280 SR 434 # 1004 230
STREET ADDRESS	ALTAMONTE SPRINGS FL		14 Cli Y · ST - 712	ALTAMONTE SPRINGS FL 32714
CITY - ST - ZIP		DELETE	2 1 TIT. E	Change Addition
TIFLE	VTSD	Checcic		
NAME	LEVY, SUSAN		2 2 NAME	
STREET ADDRESS	5182 LAZY OAKS DRIVE		2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL		2.4 CITY - S' - 7iP	☐ Change ☐ Addition
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADORESS	·
CITY-ST-ZIP			3.4.0(TY-\$T-ZiP	
TITLE		☐ DELET E	4 1 TIT.E	Change Addition
NAME			4.2 NAME	
			4.3 STREET ADDRESS	
STREET ADDRESS			4.4.0(TY+SE-Z)P	
C(TY - ST - ZIP		☐ DELETE.	5 1 TOTLE	Change Addition
TITLE			5 2 NAME	
NAME				
STREET ADDRESS			5.3 STHEET ADDRESS	
CITY+ST-ZIP			5 4 City - St - ZiP	Change Addition
TITLE		☐ DELETE	6 1 THILE	
NAME			6.2 NAME	
STREET ADORESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY - ST - Z P	
G111-31-21	L	وطواص أوبالبوام المباد	al and door not ou	rainfy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

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 his 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 607, Florida Statutes; and that my name 14. I do hereby certify that the information or on an attachment with an address. appears in Block 12 or Block 13 if chy

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428-96 407-672-3454

Zin Code 327/4