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**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Pashonnangas (n)

DOCUMENT #

1. Corporatio	LEY & ASSOCIATES, INC.	0020893 (0)				
Principal Plac	e of Business	Mailing Address				
664 YORKSHIRE DRIVE 664 YORKSHIRE DRIVE OVIEDO FL 32765 OVIEDO FL 32765						
				3. Date Incorporated or Qualified 3a. Date of Last Report		
2. Principa! P	lace of Business	2a. Mailing Address		03/13/1995 4. FEI Number Applied For		
21 57	12 Dunmar Cir.		inmar Cir.			
Suite, Apt.	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat		City & State		6. Election Campaign Financing \$5.00 May Be		
23 W1	nter Sper UGS	the Winter Spa	wer, F	Trust Fund Contribution Added to Fees		
	9. Name and Address of Curri		Country 30 US +	8. This corporation has liab-lity for inta gible tax under s 199.032. Florida Statutes Yes No 10. Name and Address of New Registered Agent		
10		mt negistered Agent	81 Name	Name and Address of New Registered Agent		
	Oney, Stephen R 1 S. Lake Destiny Road		82 Street A	Address (P.O. Box Number is Not Apceptable)		
SUITE 200			2	300 5. 0. a. g. Ave		
MA	ITLAND FL 32751		83 5,	it 3000		
			84 City	05/4ndo FL 85 710 Code 32 FOZ		
office of r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was auf	thorized by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE						
12.	Signature typed or ponted nan in of registered a OFFICERS A	gent and tille if applyable (NOTE IND DIRECTORS	Registered Agent's gnature 13.	required when relicating) 5AT		
TITLE	D	DELETE	1 1 TIFLE	Change Addit		
NAME	GRIMSLEY, STEVEN M		1.2 NAME			
STREET ADDRESS	664 YORKSHIRE DRIVE		1 3 STREET ADDRESS	S72 Dunmar Circle Winter Spanner FL 32708		
CITY-ST-ZIP TITLE	OVIEDO FL 32765	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE	Whiter spander TC SCIUB		
NAME		L_3 bttere	22 NAME	Change Addit		
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-S1-ZIP			2 4 CITY - ST - ZIP			
TITLE	•	DELETE	3 1 THEE	Change Addit		
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-SI-ZIP TITLE		DELETE	3.4 CITY - ST - ZIP 4.1 TILLE	Chagae Addit		
NAME		L. OLCCIE	4 2 NAME	Change Addit		
STREET ADDRESS			4 3 STREET ADDRESS			
CITY - ST - ZIP		<u></u>	4 4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE	Change Addit		
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	Change Additi		
NAME		<u> </u>	62 NAME	La orango La radio		
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			: 6 4 CITY - ST - ZIP			
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 only an attachment with an address						
SIGNAT	URE: A	OPPRINTED NAME OF SIGNING OFFICER O		7-1-96 (407) 696-5171		
		v		****		