SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE U	N UK BEFUKE 8/4	(90: \$225 (IF DIS	OCAED' WIL	MIMORI AMOUNT	OC TO HEIRO MIE. 4	,,,,,		
CORP ANNUA	ROFIT ORATION AL REPORT 996		FLORIDA DEPARTMENT OF ST. Sandra B. Mortham Secretary of State DIVISION OF CORPORATION					
DOCUM 1. Corporation	1ENT # Name	P9500	0003	7729 (7	7)			
J D DE	SIGNS & CO	nsulting, I	INC.					
Principal Place of Business			Mail	ing Address				
7263 HAWKSNEST BLVD ORLANDO FL 32635			7263 HAWKSNEST BLVD ORLANDO FL 32835					
2. Principal Place of Business		<u> </u>	Mailing Address					
Suite, Apt. #, etc			26	Suite, Apt. #, etc				
22		27						
City & State		28	City & State					
23 Zip		Country		Zip	Country			
24	25		29		30			



8. This corporation has liability for intangible tax under s. 199.032.

Yes No

6/25/96 (407) 294-8617

3. Date Incorporated or Qualified

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

3a. Date of Last Report

Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be

Added to Fees

24	25	29	30	·		to Name and Address of New Appletored A	aent			
	9. Name and Address of Cure	rent Registered Age	ent	81	Name	10. Name and Address of New Registered A	Aout			
DESBACH, JUDITH R			81							
7263 HAWKSNEST BLVD				82	82 Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32835			-	ļ						
`	SHEATING TE GEGGG			83	İ					
				84	City		85	Zip Coc	de	
					<u> </u>	<u> </u>		an its ro	viotorod	
11. Pursuar	nt to the provisions of Sections 607.0	0502 and 607 1508, F	Florida Statutes, t	he above	e-named of the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoin	ntmen	ng ns regis Las regis	gistered	
agent I	am familiar with, and accept the ob	ligations of, Section	607 0505, Florida	Statutes						
SIGNATURE	<u>.</u>					DAIL				
- Oldin Tronz	Signature, typied or printed name of registered	agent and title if applicable	(NOTE: Re		ent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORSI	N 12	
12.	OFFICERS	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS ARE		nange	Addition	
TITLE	PRESIDENT - DIRE JUDITH DRESS A 7263 HAWKSNES	70 /C] DEFETT	1.2 NAME					_	
NAME	JUDITH DEESD IN	T RLUA		l .	* *******					
STREET ADDRESS	S 7263 HAWKSDES	7 000			T ADDRESS					
CITY-ST-ZIP	ORLANDO, FL. DIRECTOR WILLIAM DRESS TAG3 HAWKSNES ORLANDO, FL.	2~8.27	DELETE	1 4 CHTY - 2 1 THILE	ST - ZIP		T Cr	nange T	Addition	
TITLE	DIRECTOR] Deceie		:					
NAME	WILLIAM DRESE	ACH - OLUX		2.2 NAME						
STREET ADDRES	S 7263 HAWKSNES	TORVOIT			T ADDRESS					
CITY - ST - ZIP	ORLANDO, FL.	د <i>دیالوی</i>	T SELECTE	2 4 CHTY	-ST - ZIP		To	hange	Addition	
TITLE	1	L.	DELETE	3 1 TITLE		<u>'</u>			-	
NAME				3.2 NAME						
STREET ADDRES	ss (I AUDRESS					
CITY-ST-ZIP			T DEVETE	3.4 CITY	- ST - ZIP		Т с	hange	Addition	
TITLE	1	L	DELETE	41 (1)	-			. , _		
NAME				4 2 NAM						
STREET ADDRES	SS			1	I ADDRESS					
CITY-ST-ZIP		٠٠٠	Tociere	44 CITY			По	hange	Addition	
TITLE		L	DELETE	5 1 TITLE				, F.		
NAME				5 2 NAME						
STREET ADDRES	SS				ET ADORESS					
CITY-ST-ZIP			DELETE	54 CHY 61 TIFLE				hange	Addition	
TITLE		L					`	, L		
NAME]			62 NAMI						
STREET ADDRES	\$S			1	ET ADDRESS					
CITY-ST-ZIP				6 4 CITY	I door no	quality for the exemption stated in Section 119 07(3) true and accurate and that my signature shall have the	(k) Fic	rida Stat	tutes	
further	ereby certify that the information sup- ricertify that the information indicate under oath, that I am an officer or di- y name appears in Block 12 or Block	d on this annual repo irector of the corpora k 13 if changed, or or	ition or the receiv	er or trus with an ac	tee empo	rue and accurate and that my signature shall have the wered to execute this report as required by Chapter 6	e sam 17, Fil	e legal e orida Sta	ffect as if tules, and	