

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045200 (9)

1. Corporation Name

INTERSTATE ENTERPRISES OF CENTRAL FLORIDA, INC.

FILED

98 JAN 30 PM 2:26

SECRETARY OF STATE



Principal Place of Business

Mailing Address

5804 NOB HILL BLVD.
PORT ORANGE FL 32127

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PORT ORANGE FL 32127

REINSTATEMENT

AD96-98

3. Date Incorporated or Qualified 06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 2334 E Hwy 100

26 P.O. Box 354667

4. FEI Number 59-3321503

Applied For
Not Applicable

22 Suite, Apt. #, etc. #7C

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State Bunnell FL 32110

28 City & State Palm Coast FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 32110 25 Country USA

29 Zip 32135 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLMON, DONNA V
22 WESTMORELAND DR.
PALM COAST FL 32164

81 Name Donna V. Allmon

82 Street Address (P.O. Box Number is Not Acceptable) 30 Westmoreland DR.

84 City Palm Coast FL 85 Zip Code 32164

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

SIGNATURE Donna V. Allmon

1-16-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Donna V. Allmon
STREET ADDRESS 30 Westmoreland DR.
CITY-ST-ZIP Palm Coast FL 32164

1.1 TITLE
1.2 NAME 800002420528-0
1.3 STREET ADDRESS -02/03/98--01037--019
1.4 CITY-ST-ZIP ***1067.50 ***1067.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna V. Allmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-98 (904) 437-1616

CR2E034 (12/95)