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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000045809 (7)

LAW OFFICES OF RICHARD R. BAKER, P.A.

Principal Place of Business

Mailing Address



1996 MAY -1 PM 3:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2431 ALOMA Suite 120 Winter Par		2431 ALOMA AVE Suite 120 Winter Park FL 32				3. Date Incorporated or 06/07/1995	Qualified	3a. Date	of Last Re	port
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	700	<u> </u>	h	Applied For
21		26	26			59-336	Not Applicable			
Suite, Apt. #,	, etc.	Sulte, Apt. #, etc.			5. Certificate of Status I	esired		+	Additional Required	
City & Etato		City & State				6. Election Campaign Fi	nancing		\$5.00	May Be
City & State		28				Trust Fund Contributi				to Fees
Zip	Country	Zip	C	ountry		8. This corporation has	liability for i	intangible ta	x under s	199.032,
4	25	29	30			Florida Statutes		IN No		
	9. Name and Address of Currer	nt Registered Agent				10, Name and Address	of New R	egistered /	\gent	
				81	Name					
BAKER.	RICHARD R		82 Street Addr			ress (P.O. Box Number is No	t Acceptat	ile)		
	LOMA AVE									
SUITE 1				83						
	R PARK FL 32792			84	City				85 Zij	o Code
	the provisions of Sections 607.0502				,			FL		
familiar with	the provisions of Sections 607,050% of agent, or both, in the State of Florin, and accept the obligations of, Sections of, Sections of Sections 60, 1997 of Sections of Sections 60, 1997 of Sections of Sections 60, 1997	lion 607.0505, Florida Statute	S.			red when reinstating)	an annada a da Benerae er e en	DATE		
12.		D DIRECTORS	1			ADDITIONS/CHANG	S TO OFF	ICERS AND	DIRECTO	DRS IN 12
TITLE	0	DELETE	1.	1 TITLE			AP _400	[Change	Addition
NAME	BAKER, RICHARD R	•	1.2	2 NAME		•	51 H J 00 701	/960		1925
STREET ADDRESS	5001 TANGERINE AVE		1.3	3 STREE	ADDRESS	•		/35u 00.00		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4	4 CITY- 9	31 - ZIP		李孝孝孝之	OO.OO	aprapraprapr	200.00
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NAME			3	2 NAME						
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STREET ADDRESS			4.	.a Stree	T ADDRESS					
CITY - ST - ZIP			. 4.	4 CITY-	\$1.70					
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NAME.			5.	.2 NAME	ļ	*	-			
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CITY-ST-7IF			5	4 C-TY -	ST-ZIP					
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NAME			6	2 NAME						NEX 10
STREET ADDRESS			6	i.3 STREE	T ADORESS					611
			6	4 CHY-	ST-ZIP					· · · · · · · · · · · · · · · · · · ·
14. I do hereb certify that	Loy certify that the information supplied the information indicated on this and Lam an officer or director of the corp is Block 12 or Block 13 if planged, or	nual report or supplemental a l scration or the receiver or trus	rnished a nnual repo tee empo	and do	es not qualify	y for the exemption stated in surete and that my signature shithis report as required by Cha	Section 11! hall have th pler 607, I	9.07(3)(k), Fl e same lega Florida Statu	orida Statu Leffect as tes; and th	ites. I furth if made un nat my nan

SIGNATURE: