

**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 1996



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

DOCUMENT # P95000051330 (5)

1. Corporation Name
STEPHEN CORSON, INC.



Principal Place of Business: 315 NW RACETRACK ROAD STE 109 FORT WALTON BEACH FL 32547
Mailing Address: 315 NW RACETRACK ROAD STE 109 FORT WALTON BEACH FL 32547

3. Date Incorporated or Qualified: 06/28/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3323445
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 5 Mooney Rd. 22 Apt # H-8 23 Ft. Walton Beach, FL 24 Zip 32547 25 United States
2a. Mailing Address: 26 5 Mooney Rd. 27 Apt. # H-8 28 Ft. Walton Beach, FL 29 Zip 32547 30 United States

9. Name and Address of Current Registered Agent: CORSON, STEPHEN 315 NW RACETRACK ROAD STE 109 FORT WALTON BEACH FL 32547
10. Name and Address of New Registered Agent: 81 Name: Corson, Stephen 82 Street Address (P.O. Box Numbers Not Acceptable): 5 Mooney Rd., Apt. H-8 83 [Blank] 84 City: Fort Walton Beach FL 85 Zip: 32547

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 a natural person, and accept the obligations of Section 607.0505, Florida Statutes.
SIGNATURE: Stephen Corson, President Date: June 24, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DELETE <input type="checkbox"/>	11 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: CORSON, STEPHEN		12 NAME: Corson, Stephen	
STREET ADDRESS: 315 NW RACETRACK ROAD STE 109		13 STREET ADDRESS: 5 Mooney Rd., Apt. H-8	
CITY-ST-ZIP: FORT WALTON BEACH FL 32547		14 CITY-ST-ZIP: Ft. Walton Beach, FL 32547	
TITLE:	DELETE <input type="checkbox"/>	21 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		22 NAME:	
STREET ADDRESS:		23 STREET ADDRESS:	
CITY-ST-ZIP:		24 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	31 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		32 NAME:	
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CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	41 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	51 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	61 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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 9 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: Stephen E. Corson Date: June 24, 1996 (904) 862-7338

CR2E034 (3/96)