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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 19 PM 1:33

DOCUMENT # P95000066510 (5)

1. Corporation Name
BTR HOLDING, INC.

Principal Place of Business
~~501 NORTH GRANDVIEW AVENUE~~
~~DAYTONA BEACH FL 32118~~

Mailing Address
~~501 NORTH GRANDVIEW AVENUE~~
~~DAYTONA BEACH FL 32118~~

3. Date Incorporated or Qualified: 08/25/1995
3a. Date of Last Report: N/A
4. FEI Number: 59-3333199 — [ ] 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. 199.032 Florida Statutes [X] Yes [ ] No

	2. Principal Place of Business		2a. Mailing Address
21	7350 TALONA DRIVE	26	7350 TALONA DRIVE
22	Suite, Apt. #, etc: SUITE B	27	Suite, Apt. #, etc: SUITE B
23	City & State: W. MELBOURNE FL.	28	City & State: W. MELBOURNE FL.
24	Zip: 32904	29	Zip: 32904
25	Country: BREVARD	30	Country: BREVARD

9. Name and Address of Current Registered Agent

BURNETT, RANDOM R
501 NORTH GRANDVIEW AVENUE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City: FL
85	Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	BURNETT, RANDOM R	
STREET ADDRESS	501 NORTH GRANDVIEW AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S SECRETARY	[ ] Change [X] Addition
1.2 NAME	ANGELO BUQVICCHIO	
1.3 STREET ADDRESS	2586 SPRUCE CREEK BLVD E.	
1.4 CITY-ST-ZIP	DAYTONA BEACH FL. 32124	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P PRESIDENT	[ ] Change [X] Addition
3.2 NAME	BRETT P. GOLDSTEIN	
3.3 STREET ADDRESS	842 BLACKBIRD COURT	
3.4 CITY-ST-ZIP	ROCKLEDGE, FL	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME	100001961881	
5.3 STREET ADDRESS	-10/01/96--01179--023	
5.4 CITY-ST-ZIP	****375.00 ****375.00	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 on an attachment with an address.

SIGNATURE: Brett Goldstein — 8/27/96 — 407-952-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #