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

DOCUMENT # P95000071033 (1)



96 343 23 FH 3: 16



Principal Place of Bus 1603 BENDING BROO ORLANDO FL 32806		1603 BENDING	Mailing Address 1603 BENDING BROOKWAY ORLANDO FL 32806				
						3. Date Incorporated or Qualified 09/12/1995	3a. Date of Last Report
2. Principal Place of Business		26	2a. Mailing Address 26 Suite, Apt. #, etc.			4. FE Number Applied for	Applied For Not Applicable \$8.75 Additional
Suite, Apt. #, etc		<u>├</u>	27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ ₁ ρ 29	30	Country		8. This corporation has liability to Florida Statutes	r intangible tax under s. 199 032, Yes X No
9. 1	lame and Address of Curi					10. Name and Address of New R	egistered Agent
				81	Name		
	IDING BROOKWAY			82	Street Add	ddress (P.O. Box Number is Not Acceptable)	
ORLANDO	O FL 32806			83	······································		
				84	City		FL 85 Zip Code
agent. I am famil SIGNATURE Stgnahm	liar with, and accept the ob- cycld or pool drame of registered OFFICERS	ligations of, Section 60	7.0005, PIOROB	gistered Age		on's board of directors. Thereby acce when tensating. ADDITIONS/CHANGES TO OFF	CIATE
	esident jan Hoeiruia 03 Bending l clando	n Brookway	DELETE	1 1 TOTLE 1 2 NAME 1 3 STREET 1 4 COTY - S			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		DELETE	2 1 TITLE 2 2 NAME 2.3 STREE 2 4 CITY-	FADDRESS ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS			DELETE	3 1 TITLE 3 2 NAME 3 3 STREE 3 4 CHTY	I ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	4.1 TITLE 4.2 NAME	T ADDRESS		Charge Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS			DELETE	5 1 TITLE 5 2 NAME 5 3 STREE	I ADORESS	A. Olaw 96	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	i	ET ADDRESS	- U	Change Addition
1 1-1 1	Infy that the information sur	plied with this filing is v	roluntarily furnis	64 Cify- hed and	st-ziP does not qu	alify for the exemption stated in Section	in 119 07(3)(k), Florida Statutes

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 0/(3)(k). Florida Statutes 1 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 all achment with an address

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: