

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000082375 (3)

1. Corporation Name

~~8048 CORP.~~
8048 CORP.

8048 CORP.
8048 93rd Street North
Seminole, Florida 34647-4024



Principal Place of Business

Mailing Address

8048 93 STREET N
SEMINOLE FL 34647-4024

8048 93 STREET N
SEMINOLE FL 34647-4024

3. Date Incorporated or Qualified 10/20/1995	3a. Date of Last Report _____
4. FEI Number 59-3341668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MEYER, JOHN J
8048 93 STREET N
SEMINOLE FL 34647-4024

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature(s) required when registering)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	John J. Meyer	
STREET ADDRESS	8048 93rd St. N	
CITY-ST-ZIP	SEMINOLE FL 34647-4024	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Lucille K. Meyer	
STREET ADDRESS	8048 93rd St. N	
CITY-ST-ZIP	SEMINOLE FL 34647-4024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN _____

1. TITLE	John J. Meyer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	8048 93rd Street North	
3. STREET ADDRESS	Seminole, Florida 34647-4024	
4. CITY-ST-ZIP		
5. TITLE	Lucille K. Meyer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	8048 93rd Street North	
7. STREET ADDRESS	Seminole, Florida 34647-4024	
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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: _____
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **John J. Meyer** **JAN. 30, 1996** **813-392-8731**

CR2E034 (12/95)