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

96 FEB 29 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000083048 (5)**

1. Corporation Name
KICKIN-TRAX, INC.

Principal Place of Business
812F ORIENTA AVE.
ALTAMONTE SPRINGS FL 32701

Mailing Address
812F ORIENTA AVE.
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: **10/26/1995**
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1404 Cardinal St.
Suite, Apt #, etc. 22
City & State 23 ALTAMONTE SPRINGS FL
Zip 24 32750 Country 25 USA

2a. Mailing Address
26 1404 Cardinal St.
Suite, Apt #, etc. 27
City & State 28 ALTAMONTE SPRINGS FL
Zip 29 32750 Country 30 USA

4. FEI Number: [X] 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 [ ] Yes [X] No

9. Name and Address of Current Registered Agent
MATINA, STUART J
812F ORIENTA AVE.
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent
81 Name: STUART J. MATINA
82 Street Address (P.O. Box Number is Not Acceptable): 1404 Cardinal St.
83
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32750

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: Stuart J. Matina — 7-24-96
Signature (typed or printed name of registered agent and title if applicable) — (TITLE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
PRESIDENT STUART J. MATINA 1404 Cardinal ST Longwood FL 32750	[ ]
	[ ]
	[ ]
	[ ]
	[ ]
	[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Change / Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	[ ] [ ]
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	[ ] [ ] 900001939419 -03/05/96--01035--014 ****225.00 ****225.00
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[ ] [ ]
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[ ] [ ]
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[ ] [ ] A. Allard 8-29-96
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stuart J. Matina — 7-24-96 — 407-339-4341 / 407-260-1286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)