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.)

FILED
Oct 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT ~~1996~~ 1998

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

DOCUMENT # P97000091806

1. Corporation Name
MARK GRECNI PA

Principal Place of Business
9434 PALM TREE DR
WINDERMERE FL 34786

Mailing Address

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

3. Date Incorporated or Qualified: 7/29/96
3a
4. FEI Number: 59-3474173
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 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
MARK GRECNI
9434 PALM TREE DR
WINDERMERE FL 34786

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

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 X [signature] MARK GRECNI 4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS/DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARK GRECNI PRES. 9434 PALM TREE DR. WINDERMERE FL 34786 [ ] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CORALLI FUENTES VICE PRES 5487 NOKOMIS COURT ORLANDO, FL 32839 [ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP

400002662244
-10/13/98--01010--035
***150.00

CR2E034 (3-96)

PE 10.13

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)(i), 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: X [signature] MARK GRECNI PRES. 4/30/98 407-876-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I was told by phone to send him with a 1996 annual report. I never received the 1998, but I had a blank copy of a 1996