

FILED

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

3. Date Incorporated or Qualified 10/20/1990	3a. Date of Last Report 02/20/1996
4. FEI Number 59-3042680	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE	PD	<input type="checkbox"/> DELETE
NAME	HEIDRICH, FRANCIS X.	
STREET ADDRESS	260 MAITLAND AVE., STE. 100	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HEIDRICH, FRANCIS JR	
STREET ADDRESS	260 MAITLAND AVENUE, STE 100	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BURBRIDGE, MICHAEL J.	
STREET ADDRESS	260 MAITLAND AVE., STE. 100	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HEIDRICH, H. JOSEPH IV	
STREET ADDRESS	260 MAITLAND AVE., STE. 100	
CITY, ST, ZIP	ALTAMONTE SPRINGS FL	

TABLE	\$	<input type="checkbox"/> DELETE
NAME	HEIDRICH, RACHEL I.	
STREET ADDRESS	260 MAITLAND AVE, STE. 100	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BURBRIDGE, LUCIA A.	
STREET ADDRESS	260 MAITLAND AVE., STE. 100	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
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1.1 NAME _____

1.2 NAME _____

1.3 STREET ADDRESS _____

1.4 CITY - ST - ZIP _____

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		

2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	

3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	

4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

170436

CR2E034 (9/96)