FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # S14751 (9)

1. Corporation Name
ERIQUE ENTERPRISES II, INC.

FILED
95 MAY -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~3122 ZAHARIAS DR~~ ~~POST OFFICE BOX 940154~~ ~~ORLANDO FL 32821~~ US	~~630 VERSAILLES DRIVE SUITE 100~~ ~~POST OFFICE BOX 940139~~ ~~MAITLAND FL 32751~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3043810	☐ 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 ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 3964 Town Center Blvd.	26 1132 Symonds Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, Fl.	28 City & State: Winter Park, FL
24 Zip: 32837 25 Country: U.S.	29 Zip: 32789 30 Country: USA

9. Name and Address of Current Registered Agent

CHARLES D. WILDER, ESQUIRE
~~630 VERSAILLES DRIVE~~
~~SUITE 100~~
~~MAITLAND FL 32751~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1132 Symonds Ave.
83
84 City: Winter Park FL 85 Zip Code: 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on new filings)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	C. S. D	☐ Change ☑ Addition
NAME	LUCAS, MARK	12 NAME		
STREET ADDRESS	14441 WINDCHIME LANE	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	~~VSD~~	21 TITLE		☑ Change ☐ Addition
NAME	~~LUCAS, FELICIA~~	22 NAME		
STREET ADDRESS	~~13518 FALCON POINT DR~~	23 STREET ADDRESS	N/A	
CITY-ST-ZIP	~~ORLANDO FL~~	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☑ Change ☐ Addition
NAME	LUCAS, RAYMOND SR.	32 NAME		
STREET ADDRESS	~~3122 ZAHARIAS DR~~	33 STREET ADDRESS	785 Holiday Ct.	
CITY-ST-ZIP	~~ORLANDO FL~~	34 CITY-ST-ZIP	Kissimmee, FL.	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Mark E. Lucas MARK E. LUCAS 4/24/95 Date 407-324-7721 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0041883 CP