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 FLORIDA DEFIARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S25798 (7) WINTER PARK RESIDENTIAL CONCEPTS, INC. Principal Place of Business Mailing Address 90 MINNEHAHA CIRCLE 90 MINNEHAHA CIRCLE MAITLAND FL 32751 MAITLAND FL 32751 3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1990 06/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3048790 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Z_{IP} Country 8. This corporation has liability for intangible tax under s 199 032 Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLAVEL, CLIFFORD J. 90 MINNEHAHA CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 **MAITLAND FL 32751** 83 84 City 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (hOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DP DELETE 1 I TITLE Change Addition NAME CLAVEL, CLIFFORD J. 1.2 NAME STREET ADDRESS 90 MINNEHAHA CIRCLE 1 3 STREET ADDRESS MAITLAND FL CITY - ST - ZIP 14 CITY - ST - 7/P TITLE DELETE 21 TIFLE Change Addition NAME CHASE, DAVID S. 2.2 NAME 90 MINNEHAHA CIRCLE STREET ADDRESS 2.3 STREET ADDRESS DITY - ST - ZIP MAITLAND FL 2 4 CITY - ST - ZIP TITLE DELETE 3 I TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 54 CITY - ST - 7IP TITLE DELETE 61 TITLE Change Addition NAME 6.2 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attachagent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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