## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

ANNO	AL REPORT
1	1996

DOCU	MENT # S4614	15 (6)			
	ORHEAD ASSOCIATES, INC.	• • • • • • • • • • • • • • • • • • • •			
Principal Plac	e of Business	Mailing Address			861 6151 61911 61911 61611 61615 61611 61611 6161
	NON DRIVE. NE Y FL 32906	2571 VERNON DRIVE PALM BAY FL 32905 US			
				3. Date Incorporated or Qualified 04/16/1991	3a. Date of Last Report 05/01/1995
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3056840	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	0	City & State			Fee Required
23		28		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00 May Be Added to Fees
Zipi	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Current	29	30	Florida Statutes	<b>™</b> No
	8. Hame and Address of Carrella	Leafigrater with the state of t	81 Name	10. Name and Address of New R	legistered Agent
MOOR	RHEAD, ANN				
	VERNON DRIVE, NE		82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
PALM	BAY FL 32905		83		
			84 City		10-1 7-0
11 Dissertable			1 1		FL 85 Zip Code
or register	red agent, or both, in the State of Florida	and 607.1508, Florida Statute a. Such change was authorize	s, the above named corp ed by the corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office
SIGNATURE	th, and accept the obligations of, Section	on 607.0505, Florida Statutes.		те и почето поче	Sitteriorit as registered agent. Fam
	Signature, typed or printed name of registered agent as		E: Registered Agent signature requi	red when reinstating!	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE NAME	D Moorhead, ann	☐ DELETE	1. 1 TITLE	- · · · · · · · · · · · · · · · · · · ·	Change Addition
STREET ADDRESS	2571 VERNON DRIVE, NE		1.2 NAME		];
CITY-ST-ZIP	PALM BAY FL		1.3 STREET ADDRESS		
TITLE	D	[ ] DELETE	1.4 CITY-ST-ZIP 2. 1 TITLE		
NAME	MOORHEAD, TED	<b>_</b>	2.2 NAME		Change
STREET ADDRESS	2571 VERNON DRIVE, NE		2 3 STREET ADDRESS		1
CITY-S1-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP		
TITLE		□ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME OLOGER LOGGER			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	34 CITY-ST-ZIP		
NAME	1		4. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP		-4	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TIPLE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		C) evenile C vinitials
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6 2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		ł
CITY-ST-ZIP 14. I do hereby	certify that the information supplied with	h this films is voluntarily forcial	6.4 CITY-ST-ZIP		

Ido 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 11 if changed, or on an attachment with an address.

GNATURE:

##25/46 (Vo 7)723-2051

\*\*GRATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/25/96 (407)723-2051