

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S66728** (4)
1. Corporation Name
1425 TUSKAWILLA ROAD, INC.



Principal Place of Business Mailing Address
5665 RED BUG LAKE ROAD WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified **07/17/1991** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-3089407** 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. Suite, Apt. #, etc 26. Suite, Apt. #, etc
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**LABRET, STEVEN MICHAEL
501 N. MAGNOLIA AVE.
SUITE A
SARASOTA FL 32801
ORLANDO**

10. Name and Address of New Registered Agent
81. Name **STEVE J. LABRET PA**
82. Street Address (P.O. Box Number is Not Acceptable) **501 N. MAGNOLIA**
83. **SUITE A**
84. City **GIRLA WALK** FL 85. Zip Code **32801**

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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]* DATE **5/29/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEVANEY, EUGENE J	
STREET ADDRESS	103 COVE LAKE DR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PARRA, WILLIAM	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PARRA WILLIAM M	
2.3 STREET ADDRESS	103 COVE LAKE DR	
2.4 CITY-ST-ZIP	LONGWOOD FL, 32779	
3.1 TITLE	D, VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PARRA, KAROLYN	
3.3 STREET ADDRESS	103 COVE LAKE DR	
3.4 CITY-ST-ZIP	LONGWOOD FL 32779	
4.1 TITLE	S, T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PARRA, KAROLYN	
4.3 STREET ADDRESS	103 COVE LAKE DR.	
4.4 CITY-ST-ZIP	LONGWOOD FL 32779	
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 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 of an attachment with an address.

SIGNATURE: *[Signature]* **William Parra** DATE: **5.29.96** 407-699-5524

CR2E034 (12/95)