

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 # **V11975 (2)**
1. Corporation Name
VIA APPIA, INC.



Principal Place of Business: **362 COMMERCE WAY STE 116 LONGWOOD FL 32750 US**
Mailing Address: **362 COMMERCE WAY STE 116 LONGWOOD FL 32750 US**

3. Date Incorporated or Qualified: **02/04/1992**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **9-3110655** SEE NOTE
Applied For: Not Applicable
5. Certificate of Status Has red: **\$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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **SCHIANO, BIAGIO 502 RIVERA DR. ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0542 and 607.1502, 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. Thereby, accept the appointment as registered agent in a familiar with, and accept the obligations of, Section 607.0525, Florida Statutes.

SIGNATURE: _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1. TITLE	Director
NAME	SCHIANO, BIAGIO	12. NAME	
STREET ADDRESS	502 RIVERA DR.	13. STREET ADDRESS	
CITY-STATE-ZIP	ALTAMONTE SPGS. FL	14. CITY-STATE-ZIP	32701
TITLE	V	2. TITLE	
NAME	TRAN, LUONG MOC	22. NAME	
STREET ADDRESS	1181 LAZY HOLLOW PL.	23. STREET ADDRESS	
CITY-STATE-ZIP	WINTER PARK FL	24. CITY-STATE-ZIP	
TITLE	T	3. TITLE	PRESIDENT, VICE PRES, TREASURER, SECRETARY
NAME	LEHMANN, KEITH	32. NAME	
STREET ADDRESS	659 KILLIAN CIR.	33. STREET ADDRESS	
CITY-STATE-ZIP	DELTONA FL 32738	34. CITY-STATE-ZIP	32738
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.071(3)(c), 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. **SEE NOTE RE: FEI #**

SIGNATURE: *Keith Lehmann* 4/16/96 (407) 330-5338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)