

**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  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**

**Jun 24 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # V29254 (2)**

1. Corporation Name

**FORTY FIVE CORPORATION**

Principal Place of Business

Mailing Address

**1705 EASY COURT  
KISSIMMEE FL 34741  
US**

**1705 EASY COURT  
KISSIMMEE FL 34741  
US**



<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>04/16/1992</b>	<b>3a. Date of Last Report</b> <b>06/23/1995</b>
<b>21</b>	Suite, Apt #, etc.	<b>26</b>	Suite, Apt #, etc.	<b>4. FEI Number</b> <b>59-3122264</b>	Applied For Not Applicable
<b>22</b>	City & State	<b>27</b>	City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b>	Zip	<b>28</b>	Country	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	Country	<b>29</b>	Zip	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BROWN, LESTER  
1705 EASY COURT  
KISSIMMEE FL 34741**

**10. Name and Address of New Registered Agent**

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Numbers Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	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 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, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**OFFICERS AND DIRECTORS**

<b>12.</b>	<input type="checkbox"/> DELETE
TITLE	<b>DCP</b>
NAME	<b>BROWN, LESTER</b>
STREET ADDRESS	<b>1705 EASY COURT</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VDTS</b>
STREET ADDRESS	<b>MALFA, FLORENCE</b>
CITY - ST - ZIP	<b>1705 EASY CT</b>
	<b>KISSIMMEE FL</b>
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	

<b>13.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address.

**SIGNATURE:**

*Florence Malfa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FLORENCE MALFA**

*6/19/96*  
DATE

*407 - 846-3580*  
BUSINESS PHONE

CR2E034 (3/96)