

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V29322 (7)
1. Corporation Name
1790, INC.



Principal Place of Business: **1010 US 27 SO AVON PARK FL 33825 US**
Mailing Address: **2221 ROXBURY ROAD AVON PARK FL 33825**

3. Date Incorporated or Qualified: **04/14/1992**
3a. Date of Last Report: **03/28/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Applied For	
1010 US 27 SO AVON PARK FL 33825 US		2221 ROXBURY ROAD AVON PARK FL 33825		59-3116257		<input type="checkbox"/>		<input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
City & State		City & State		Zip		Country		Zip		Country			
21		22		23		24		25		26		27	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEWIS, MELODY 2221 ROXBURY ROAD AVON PARK FL 33825				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL		85 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, LEWIS J.	1.2 NAME	
STREET ADDRESS	2221 ROXBURY ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, SANDRA R.	2.2 NAME	
STREET ADDRESS	2221 ROXBURY ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DOUGLAS	3.2 NAME	
STREET ADDRESS	2221 ROXBURY ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, MELODY	4.2 NAME	
STREET ADDRESS	2221 ROXBURY ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: *Douglas Lewis* (DOUGLAS LEWIS) **2-19-96** 9414538882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)