


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

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95 APR 26 AM 10:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V47044 (5) T. Corporation Name ABOVE THE LINE, INCORPORATED		
Principal Place of Business 1154 SAN BLAS COVE WINTER SPGS. FL 32708 US	Mailing Address P. O. BOX 2072 WINTER PARK FL 32790-2072 US	

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/24/1992		3a. Date of Last Report 06/07/1994	
2. Principal Place of Business 21 4784 E. Michigan St.		4. FEI Number 59-3180576	
22 Apt 5		Applied For Not Applicable	
23 Orlando, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32812		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Added to Fees	
25 USA		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUSTAD, JOHN M., JR. 1154 SAN BLAS COVE WINTER SPGS. FL 32708				81 Name change of address only			
				82 Street Address (P.O. Box Number is Not Acceptable) 4784 E. Michigan St.			
				83 Apt. 5			
				84 City Orlando FL 85 Zip Code 32812			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSTAD, JOHN M., JR	1.2 NAME	change of address only
STREET ADDRESS	1154 SAN BLAS COVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPGS. FL	1.4 CITY - ST - ZIP	Orlando, FL 32812
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 110.07(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 recipient of a written empowerment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment, with an address.

SIGNATURE:  **JOHN M RUSTAD, JR** 4-19-95 407 4283758
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Title) (Typed Name)