

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 # **V47838** (0)

1. Corporation Name
16969 E. COLONIAL DR. CORP.



Principal Place of Business: **1438 CHICKASAW TR SO ORLANDO FL 32825 US**
Mailing Address: **P.O. BOX 531172 ORLANDO FL 32853-1172 US**

2. Principal Place of Business
21 **16969 E. Colonial Dr.**
Suite, Apt. #, etc.
22
City & State
23 **Orlando, FL**
Zip Country
24 **32820 USA**

2a. Mailing Address
26 **16969 E. Colonial Drive**
Suite, Apt. #, etc.
27
City & State
28 **Orlando, FL**
Zip Country
29 **32820 USA**

3. Date Incorporated or Qualified: **07/06/1992**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2198772**
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

9. Name and Address of Current Registered Agent
**BURNS, PAUL M.
1438 CHICKASAW TR SO.
ORLANDO, FL
ORLANDO FL 32825**

10. Name and Address of New Registered Agent
81 Name: **Richard A. Leigh**
82 Street Address (P.O. Box Number is Not Acceptable): **39 W. Pine Street**
83
84 City: **Orlando** FL 85 Zip Code: **32801**

11. Pursuant to the provisions of Sections 607.0602 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: *Richard A. Leigh* (Typed or Printed Name of Registered Agent) *Richard A. Leigh* (Typed or Printed Name of Signer) **5-3-96** (Date)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BURNS, PAUL M.
STREET ADDRESS	1438 CHICKASAW TR. SO
CITY - ST - ZIP	ORLANDO 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
12 NAME	P.S.T. & D.
13 STREET ADDRESS	Madjid Salehi
14 CITY - ST - ZIP	2506 Fabry Circle
15 CITY - ST - ZIP	Orlando, FL 32817
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
62 NAME	
63 STREET ADDRESS	
64 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: *Madjid Salehi* President (407) 568-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MADJID SALEHI**
Date: **5-3-96** Daytime Phone: **707**

CR2E034 (12/95)