FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V57386 (7)

1. CRANCO ENTERPRISES, INC.

395 RICHARD ROAD
C
ROCKLEDGE FL 32955
US

2207 MACFARLAND DRIVE
COCOA FL 32922

3. Date Incorporated (Qualified): 08/13/1992
3a. Date of Last Report: 04/26/1994

4. FEI Number: 59-3138036 — 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. Does corporation have employees or independent contractors in Florida? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CRANISKY, EDWARD J JR
2207 MACFARLAND DRIVE
COCOA FL 32922

10. Name and Address of New Registered Agent

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 Section 607.0505, and/or 608, 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 hereby accept the duties of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CRANISKY, EDWARD J JR
STREET ADDRESS	2207 MACFARLAND DRIVE
CITY, ST, ZIP	COCOA FL
TITLE	VPS
NAME	SHUBACK, PATRICE
STREET ADDRESS	2207 MACFARLAND DRIVE
CITY, ST, ZIP	COCOA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	PVTSD	[ ] Change [X] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	Delete	[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 Florida Statutes; and that my name appears above, or on an attachment with an asterisk, and that my name appears in Block 12 or Block 13 of the report or on an attached amendment with an asterisk.

SIGNATURE: Edward J. Cranisky Jr 4/29/95 407-690-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0008236 CP