## NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. JE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE ORPORATION NUAL REPORT Secretary of State

	ANNU	AL REPORT		Sandra B. Mortham Secretary of State Division OF CORPORATIONS				
<b>D</b> (	OCUN orporation	Name #	V61291	(3)				
(	REBECC	A HURLEY, I	NC.					
Principal Place of Business Mailing Address								7)   110   1
800 W FAIRBANKS AVENUE ORLANDO FL 32804 US				P. O. BOX 547461 ORLANDO FL 32854 US			3. Date Incorporated or Qualified	3a. Date of Last Report
	rincipal Pla	nce of Business		2a. Mailing Address			08/31/1992 4. FEI Number 59-3150939	07/25/1995 Applied For Not Applicable
	uite, Apt. #	, etc		Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State			City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Z 24	ıр	25	ountry	Zip 29	30 Co	intry	8. This corporation has liability for it	
	9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Agent
DANIELS, JERE F.  147 WEST LYMAN AVENUE  81 Name  82 Street A						82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
	WINTER PARK FL 32789							
•						84 City		FL 85 Zip Code
	office or re agent I an NATURF	gistered agent lo n familiar with land	f Sections 607,0502 r both, in the State of d accept the obligati ad name of registered agent	Florida: Such change wa ons of, Section 607.0505	s authorize Florida Sta	d by the corpora tutes	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
12.			OFFICERS AND	DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC	
TITLE		D		DELETE		TITLE		Change Addit on
NAME		HURLEY, REI 1346 RIDGEV				NAME STREET ADDRESS		
•	ET ADORESS	WINTER PAR				CITY - ST - ZIP		
TITLE	-ST · ZIP	MINICHTAL	III ) L	DELETE		TITLE		Change Addition
NAM	E				22	NAME		
STAE	ET ADDRESS				23	STREET ADDRESS		
CITY	-ST-ZIP			P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2.4	CITY ST-ZIP		Change Addition
TITLE	ļ.			DELETE		TITLE		Change Addition
NAM					1	NAME STREET ADDRESS		
	ET ADDRESS					CITY ST-ZIP		
TITLE	- ST - ZIP			DELETE		THILE		Change Addition
NAM					4.2	NAME		
STRE	ET ADDRESS				43	STREET ADDRESS		
CITY	-ST-ZIP				4.4	CITY - SI - ZIP		Observation Addition
TITLI	ì			DELETE		TITLE		Change Addit.on
NAM						NAME Ozori k abobece		
	EET ADORESS					STREET ADDRESS		
CITY TITL	-ST-ZIP			DELETE		CITY-ST-ZIP TITLE		Change Addition
NAM						NAME		
	EET ADDRESS					STREET ADDRESS		
	-ST-ZIP					CITY - ST - 2IP		
4.4	I ala basak	and a market of the state of	oformation cumpled	with the filippie is valuator!	u furnished	and does not be	ralify for the exemption stated in Section :	119 07(3)(k) Florida Statutes I

4. 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 1 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 correspanding 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 of Block 13 if changed, or an artifachment with an address.

SIGNATURE

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407 644-1700