

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M96584** (1)

1675 EAST SEMORAN CORPORATION

Principal Place of Business
1675 EAST SEMORAN BLVD.
APOPKA FL 32703

Mailing Address
1675 EAST SEMORAN BLVD.
APOPKA FL 32703

APPROVED
AND
FILED
90 MAY - 1 11 5: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|------------------|--|------------------|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 1675 EAST SEMORAN BLVD. APOPKA FL 32703 | | 1675 EAST SEMORAN BLVD. APOPKA FL 32703 | | 08/26/1988 | | 03/28/1994 | |
| 21. State App # etc. | 22. City & State | 26. State App # etc. | 27. City & State | 4. FEI Number | | Applied For | |
| | | | | 59-2903671 | | Not Applicable | |
| 24. City & State | | 28. City & State | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| | | | | <input type="checkbox"/> | | | |
| 24. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| | | | | <input type="checkbox"/> | | | |
| 24. City & State | | 28. City & State | | 8. This corporation has liability for intangible tax under s. 198.047, 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 | | | |
| KORANSKY, RALPH 3400 SO ORANGE AV ORLANDO FL 32806 | | | | 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 607.0507, Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KORANSKY, RALPH J. | 1.2 NAME | |
| STREET ADDRESS | 543 TIMBER RIDGE DR. | 1.3 STREET ADDRESS | |
| CITY & STATE | LONGWOOD FL | 1.4 CITY & STATE | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KORANSKY, YVONNE L. | 2.2 NAME | |
| STREET ADDRESS | 543 TIMBER RIDGE DR. | 2.3 STREET ADDRESS | |
| CITY & STATE | LONGWOOD FL | 2.4 CITY & STATE | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY & STATE | | 3.4 CITY & STATE | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY & STATE | | 4.4 CITY & STATE | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY & STATE | | 5.4 CITY & STATE | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY & STATE | | 6.4 CITY & STATE | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included in 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yvonne Koransky* YVONNE KORANSKY 4/28/95 407 856 1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR