

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 03 1996 8:00 am
Secretary of State

DOCUMENT # 308322 (7)
1. Corporation Name
DONALD W. MCINTOSH ASSOCIATES INC



Principal Place of Business: **2200 PARK AVE NORTH WINTER PARK FL 32789-2355**
Mailing Address: **2200 PARK AVE NORTH WINTER PARK FL 32789-2355**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1966	3a. Date of Last Report 06/22/1995
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-1151358	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCINTOSH, DONALD W., JR. 2200 PARK AVENUE NORTH WINTER PARK FL 32789				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0335, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and the corporation. Title Registered Agent signature and printed name and date.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, PATRICIA	1.2 NAME	
STREET ADDRESS	313 N E 92ND ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	1.4 CITY - ST - ZIP	
TITLE	PCD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, DONALD W JR	2.2 NAME	
STREET ADDRESS	1350 VENETIAN WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MATLAND FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUE, CHARLES H.	3.2 NAME	
STREET ADDRESS	613 RIDGEWOOD DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, JANET B	4.2 NAME	
STREET ADDRESS	1578 PINEHURST DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL	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 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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 644-4068

CR2E034 (12/95)