

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 348451 (6)

1. Corporation Name  
**FLORIDA RIDGE UTILITIES CORP.**



Principal Place of Business: 2300 ECON CIR, ORLANDO FL 32817 US  
Mailing Address: PO BOX 677639, ORLANDO FL 32867 US

3. Date Incorporated or Qualified: 06/25/1969  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1295647  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
Suite, Apt #, etc. (22, 27)  
City & State (23, 28)  
Zip (24, 29) Country (25, 30)

9. Name and Address of Current Registered Agent  
**SCHNEIDER, ARTHUR J.  
2300 ECON CIRCLE  
ORLANDO FL 32817**

10. Name and Address of New Registered Agent (81-85)  
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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	VACHANI, MOHAN	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GLIEDMAN, ANTHONY	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALL, JAMES	
STREET ADDRESS	333 RIO RANCHO DR., NE	
CITY-ST-ZIP	RIO RANCHO NM	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALONSO, LORETTA L	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	
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"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	10022
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	87124
41 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	GARY L. SULLIVAN
43 STREET ADDRESS	333 RIO RANCHO DRIVE, NE
44 CITY-ST-ZIP	RIO RANCHO, NM 87124
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (3/96)