

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:05

DOCUMENT # K22454 (8)

1. Corporation Name
2845 CORAL WAY, INC.

Principal Place of Business % GEORGE HOLLINGSWORTH 499 STATE ROAD 434, SUITE 2179 ALTAMONTE SPRINGS FL 32714-2185	Mailing Address % GEORGE HOLLINGSWORTH 499 STATE ROAD 434, SUITE 2179 ALTAMONTE SPRINGS FL 32714-2185
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/28/1988	3a. Date of Last Report 06/01/1994
4. FEI Number 59-2890464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 499 State Road 434	2a. Mailing Address 26 499 State Road 434
Suite, Apt. #, etc. 22 Suite 2179	Suite, Apt. #, etc. 27 Suite 2179
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip 24 32174	Country 25 USA
Zip 29 32714	Country 30 USA

9. Name and Address of Current Registered Agent
**HOLLINGSWORTH, GEORGE
499 STATE ROAD 434
SUITE 2179
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name George R. Hollingsworth, II
82 Street Address (P.O. Box Number is Not Acceptable) 499 State Road 434
83 Suite 2179
84 City Altamonte Springs, FL
85 Zip Code 32714

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 George R. Hollingsworth, II, Secretary 3/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DP	NAME MOORE, B. J.
STREET ADDRESS 499 STATE ROAD 434, #2179	CITY - ST - ZIP ALTAMONTE SPRINGS FL
TITLE DST	NAME HOLLINGSWORTH, GEORGE R.
STREET ADDRESS 499 STATE RD 434, #2179	CITY - ST - ZIP ALTAMONTE SPRINGS FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME George R. Hollingsworth, II	
2.3 STREET ADDRESS 499 State Road 434, Ste. 2179	
2.4 CITY - ST - ZIP Altamonte Springs, FL 32174	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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(3)(b), 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 on a notification filed with the Florida Department of State.

SIGNATURE: George R. Hollingsworth, II 3/1/95 407-862-9560
Signature, typed or printed name of signing officer or director (Date) (Telephone Number)