

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K22454 (8)**

1. Corporation Name
2845 CORAL WAY, INC.



Principal Place of Business: **518 SAN SEBASTIAN PRADO ALTAMONTE SPRINGS FL 32716-0544 US**
Mailing Address: **P.O. BOX 160544 ALTAMONTE SPRINGS FL 32716-0544**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<i>518 San Sebastian Pr.</i>	26	<i>P.O. Box 160544</i>	04/28/1988	03/17/1995
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEE Number	Applied For / Not Applicable
23	City & State <i>Altamonte Spgs, FL</i>	28	City & State <i>Altamonte Spgs, FL</i>	59-2890464	
24	Zip <i>32716</i>	29	Zip <i>32716</i>	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25	Country <i>USA</i>	30	Country <i>USA</i>	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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOORE WILLEY, WANDA 518 SAN SEBASTIAN PRADO ALTAMONTE SPRINGS FL 32714				81 Name	<i>Same - Moore Willey, Wanda Moore</i>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<i>518 San Sebastian Prado</i>		
				83 Mailing	<i>P.O. Box 160544</i>		
				84 City	<i>Altamonte Spgs</i>	FL	85 Zip Code <i>32716</i>

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: *Wanda Moore Willey* 1-22-96
Signature, typed or printed name of registered agent and title of applicant. (For NE, Registered Agent signature required when not a shareholder.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1. TITLE	<i>DST Debra Moore</i>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, B. J.			12. NAME			
STREET ADDRESS	499 STATE ROAD 434, #2179			13. STREET ADDRESS	<i>P.O. Box 160544 Thompson</i>		
CITY - ST - ZIP	ALTAMONTE SPRINGS FL			14. CITY - ST - ZIP	<i>518 San Sebastian Prado, Altamonte Spgs, FL</i>		
TITLE	DST	<input checked="" type="checkbox"/> DELETE		2. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, II G R			22. NAME			
STREET ADDRESS	499 STATE ROAD 434, STE. 2179			23. STREET ADDRESS			
CITY - ST - ZIP	ALTAMONTE SPRINGS FL			24. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3. TITLE	<i>D/Pres. Willey, Wanda Moore</i>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS	<i>518 San Sebastian Prado</i>		
CITY - ST - ZIP				34. CITY - ST - ZIP	<i>Altamonte Spgs, FL 32716</i>		
TITLE		<input type="checkbox"/> DELETE		4. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY - ST - ZIP				44. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY - ST - ZIP				54. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY - ST - ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wanda Moore Willey* 1-22-96 862-0496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)