

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005097 (9)

1. Corporation Name
I-4 ASSOCIATION, INC.



Principal Place of Business 255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801	Mailing Address 255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801
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3. Date Incorporated or Qualified 10/27/1995	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3347833	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SMITH, W K 255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801				10. Name and Address of New Registered Agent			
				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BATCHELOR, DICK			1.2 NAME	Mayor Glenda E. Hood		
STREET ADDRESS	201 SO. ORANGE AVENUE STE 1017			1.3 STREET ADDRESS	400 S. Orange Avenue		
CITY-ST-ZIP	ORLANDO FL 32801			1.4 CITY-ST-ZIP	Orlando, FL 32801		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BATES, DUDLEY			2.2 NAME	James L. Harris		
STREET ADDRESS	225 NEWBURYPORT AVE.			2.3 STREET ADDRESS	6817 Westwood Blvd		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701			2.4 CITY-ST-ZIP	Orlando, FL 32821		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEDINGFIELD, JEFF			3.2 NAME	W. Kelly Smith		
STREET ADDRESS	5401 WEST OAK RIDGE ROAD			3.3 STREET ADDRESS	255 S. Orange Avenue, Suite 800		
CITY-ST-ZIP	ORLANDO FL 32819			3.4 CITY-ST-ZIP	Orlando, FL 32801		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLACK, MICHAEL D			4.2 NAME	Trevor Hall, Jr.		
STREET ADDRESS	6200 INTERNATIONAL DRIVE			4.3 STREET ADDRESS	255 S. Orange Avenue		
CITY-ST-ZIP	ORLANDO FL 32819-8239			4.4 CITY-ST-ZIP	Orlando, FL 32801		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREAUX, ROBERT			5.2 NAME	1000001752771		
STREET ADDRESS	1776 INDEPENDENCE LANE			5.3 STREET ADDRESS	-03/21/96--01026--012		
CITY-ST-ZIP	MAITLAND FL 32751			5.4 CITY-ST-ZIP	***70.00		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREWER, GARY			6.2 NAME			
STREET ADDRESS	401 PARK AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *W. Kelly Smith* Secretary Date: **11/18/96** Daytime Phone #: **(407) 843-7300**

CR2E037 (12/95)