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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfism Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855808 (2)

1. Corporation Name:
FLORIMOR INC.

Principal Place of Business % PHILIP J. DAVIS 100 INGALLS DRIVE PENSACOLA FL 32506	Mailing Address % PHILIP J. DAVIS 100 INGALLS DRIVE PENSACOLA FL 32506
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DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 03/15/1983	3a. Date of Last Report 04/25/1994
4. FEI Number 59-2101643	Applied For 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	

9. Name and Address of Current Registered Agent

**DAVIS, PHILIP J
100 INGALLS DRIVE
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TILLMAN, GEORGES 24 CHEMIN DES CLOCHETTES GENEVA, SWITZERLAND
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FAUST, DANIELLE 2 RUE OSCAR BIDER GENEVA, SWITZERLAND
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COUTURIER, ETIENNE 13 RUE JOSEPH PASQUIER GENEVA, SWITZERLAND
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POA DAVIS, PHILIP J 100 INGALLS DR PENSACOLA FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is true, and that I am duly qualified and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 its agent, or trustee, empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document, as an individual, with an address.

SIGNATURE: *Philip J. Davis*
PHILIP J. DAVIS

2/16/95 (904)455-5360