

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 11 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F55521** (1)

1. Corporation Name  
**SERJONE, INC.**

Principal Place of Business Mailing Address  
**316 SW 76TH TERR  
NO LAUDERDALE FL 33068  
US** **316 SW 76 TERR  
NO LAUDERDALE FL 33068  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/20/1981** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business		2a. Mailing Address		4. FBI Number		Applied For	
21		26		59-2158569		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**COMPTON, ROBERT J, ESQ.  
117 QUEEN CHRISTINA CT  
FT PIERCE FL 34949**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSI</b>
NAME	<b>ELMAN, SANDRA</b>
STREET ADDRESS	<b>9901 W SAHARA AVE #2019</b>
CITY - ST - ZIP	<b>LAS VEGAS NV</b>
TITLE	<b>D</b>
NAME	<b>ELMAN, SANDRA</b>
STREET ADDRESS	<b>9901 W SAHARA AVE #2019</b>
CITY - ST - ZIP	<b>LAS VEGAS NV</b>
TITLE	<b>VD</b>
NAME	<b>ELMAN, RANDY KEITH</b>
STREET ADDRESS	<b>316 SW 76TH TERR</b>
CITY - ST - ZIP	<b>NO LAUDERDALE FL</b>
TITLE	<b>VD</b>
NAME	<b>ELMAN, SUSAN GAYLE</b>
STREET ADDRESS	<b>483 W 71ST ST-</b>
CITY - ST - ZIP	<b>NEW YORK NY-</b>
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
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>SUSAN GAYLE ELMAN-MORIN</b>
43 STREET ADDRESS	<b>319 - 4TH ST.</b>
44 CITY - ST - ZIP	<b>FAIRVIEW, N.J. 07022</b>
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. 1 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 110.07(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: **Sandra Elman - SANDRA ELMAN Pres.** 3/29/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

702-254-5282  
011788