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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATE & S

DOCUMENT # J20138 (0)

1. Corporation Name
EXECUTIVE & PROFESSIONAL MANAGEMENT SERVICES, INC.
100 South Biscayne Blvd., Suite 1100
Miami, Florida 33131

Principal Place of Business Mailing Address
Same as above Same as above

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/17/1986	5/01/1993
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2805186	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
GRAY, URANA D. 100 S. Biscayne Blvd., Suite 1100 Miami, FL 33131				<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			
GRAY, URANA D. 100 S. Biscayne Blvd., Suite 1100 Miami, FL 33131				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) (Print Name of registered agent and title appropriate) (Print Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hollo, Tibor	12 NAME	
STREET ADDRESS	100 S. Biscayne Blvd., Suite 1100	13 STREET ADDRESS	400001444604
CITY, ST, ZIP	Miami, FL 33131	14 CITY, ST, ZIP	-03/31/95--01020--020
TITLE	V/D	21 TITLE	***200.00 ***200.00
NAME	Hollo, Wayne R.	22 NAME	
STREET ADDRESS	100 S. Biscayne Blvd. Ste. 1100	23 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33131	24 CITY, ST, ZIP	
TITLE	V/S/D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gray, U. D.	32 NAME	
STREET ADDRESS	100 S. Biscayne Blvd., Suite 1100	33 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33131	34 CITY, ST, ZIP	
TITLE	V/D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baer, Steve	42 NAME	
STREET ADDRESS	100 S. Biscayne Blvd., Suite 1100	43 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33131	44 CITY, ST, ZIP	
TITLE		51 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		61 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 comply for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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: U. D. Gray Sec'y 3/22/95 305/358-2210 24.110
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)
V. D. GRAY