

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N28437 (4)

1. Corporation Name
AUXILIARY, INC.

Principal Place of Business Mailing Address
**C/O CONRAD J DESANTIS
1125 COUNTRY CLUB DR
N PALM BCH FL 33408
US** **AUXILIARY INC
PO BOX 14632
N PALM BCH FL 33408
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **09/20/1988** 3a. Date of Last Report **03/07/1994**
4. FEI Number **65-0072072** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DESANTIS, CONRAD J
1125 COUNTRY CLUB DR
N PALM BCH FL 33408**

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 607.0405, Florida Statutes.

SIGNATURE *Conrad J. De Santis* **CONRAD J. DE SANTIS 4/27/95**
(Signature, typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **PATRICIA G. DASANTIS**
STREET ADDRESS **1125 COUNTRY CLUB DR**
CITY - ST - ZIP **NORTH PALM BCH FL 33408**
TITLE VD
NAME **GWEN VARELA**
STREET ADDRESS **842 FATHOM ROAD**
CITY - ST - ZIP **NORTH PALM BCH FL 33408**
TITLE SD
NAME **BARRETT, JENNIFER**
STREET ADDRESS **5398 GOLDEN EAGLE CIRCLE**
CITY - ST - ZIP **N PALM BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME **SD**
33 STREET ADDRESS **Rapp, Diane**
34 CITY - ST - ZIP **5 Shannon Circle**
West Palm Bch, FL 33405
41 TITLE Change Addition
42 NAME **TD**
43 STREET ADDRESS **DiCocco, Judi**
44 CITY - ST - ZIP **135 Cape Point Circle**
Jupiter, FL
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change 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 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, or on an attachment with an address.

SIGNATURE: *Patricia G. De Santis* **PATRICIA G. DE SANTIS 407-622-1144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (System Form 2)

APPROVED AND FILED
95 MAY -1 PM 1:23
SECRETARY OF STATE TALLAHASSEE, FLORIDA