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AND
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**CORPORATION
ANNUAL REPORT
1995**



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

95 MAR -8 PH 3: 06

DOCUMENT # N93000003003 (1)

1. Corporation Name
MAYOR SMITH'S PRIVATE SECTOR SURVEY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O N. R. GRACE AND CO. ONE TOWN CENTER RD. BOCA RATON FL 33486-1010 US	Mailing Address P. O. BOX 810758 BOCA RATON FL 33481-0758 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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3. Date Incorporated or Qualified 07/01/1993	3a. Date of Last Report 06/17/1994
4. FEI Number 65-0433509	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WOLFF, MARK J
% ST. THOMAS UNIVERSITY SCHOOL OF LAW
16400 N.W. 32ND AVENUE
MIAMI FL 33054**

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

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

12. OFFICERS AND DIRECTORS

TITLE	I
NAME	BOLDUC, J.P.
STREET ADDRESS	C/O W.R. GRANCE & CO., ONE TOWN CENTER RD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	I
NAME	GLENNIE, MICHAEL F.
STREET ADDRESS	501 E. CAMINO REAL
CITY-ST-ZIP	BOCA RATON FL
TITLE	I
NAME	SHUFF, JOHN E.
STREET ADDRESS	AMTEC CENTER, SUITE 100, 6413 CONGRESS AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD
NAME	KAMINER, RAPHAEL
STREET ADDRESS	ONE TOWN CENTER RD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VSD
NAME	WALLACE, DAVID
STREET ADDRESS	ONE TOWN CENTER RD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD
NAME	RAINES, DENSEL
STREET ADDRESS	399 N.W. BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON FL

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raphael Kaminer **RAPHAEL KAMINER** 3/8/95 362-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #