

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 1 AM 9:53

DOCUMENT # **P92000005817 (1)**

1. Corporation Name

CHARLIE'S PLACE, INC.

Principal Place of Business

Mailing Address

8525 N US ONE
WABASSO FL 32970

8525 N US ONE
WABASSO FL 32970

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1992** 3a. Date of Last Report **08/09/1994**

4. FEI Number **65-0376526** 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**

8. This corporation has liability for intangible tax under § 199.133? Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **103 South US1**

26 **103 South US1**

State, Apt #, etc

State, Apt #, etc

22 **C4**

27 **C4**

City & State

City & State

23 **Jupiter FL**

28 **Jupiter FL**

24 **33477**

25 **USA**

29 **33477**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARREN, CHARLES
1805 12TH ST
VERO BEACH FL 32960**

81 Name **Kimberly Boyd**
82 Street Address (P.O. Box Number, Not Acceptable) **216 Hampton Circle**
83
84 City **Jupiter** FL 85 Zip Code **33458**

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

Charles F. Warren

Kimberly Boyd

5/13/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD**
NAME **WARREN, CHARLES**
STREET ADDRESS **1805 12TH ST**
CITY, ST, ZIP **VERO BEACH FL 32960**

1.1 TITLE **PSD** Change Addition
1.2 NAME **Kimberly Boyd**
1.3 STREET ADDRESS **216 Hampton Circle**
1.4 CITY, ST, ZIP **Jupiter FL - 33458**

TITLE **VTD**
NAME **WARREN, ANN DORIS**
STREET ADDRESS **1805 12TH ST**
CITY, ST, ZIP **VERO BEACH FL 32960**

2.1 TITLE **VTD** Change Addition
2.2 NAME **Bob Mueller**
2.3 STREET ADDRESS **416 P. HSBURGH DR.**
2.4 CITY, ST, ZIP **Jupiter FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I hereby certify that the information submitted on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021(9)(b), Florida Statutes. I further certify that the information submitted 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 in person. 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:

Charles F. Warren
ONLINE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-95
Date

407-743-1018
Telephone

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

FILED
APPROPRIATE OFFICE
DATE

DOCUMENT # **P92000006350 (2)**

1. Corporation Name:
GREENSPORT, INC.

Principal Place of Business Mailing Address
6801 N. DAVIS HIGHWAY SUITE EF PENSACOLA FL 32504 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1992** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-3153077** 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**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**VAN MATRE, THOMAS G JR
4300 BAYOU BLVD.
SUITE 16
PENSACOLA FL 32503**

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 607.0503, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent required when agent is changed) _____ (Signature of Registered Agent required when agent is changed) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREEN, NORMAN R
STREET ADDRESS	3154 BENTON BLVD.
CITY, ST, ZIP	PACE FL 32571
TITLE	STD
NAME	GREEN, JEAN A
STREET ADDRESS	3154 BENTON BLVD.
CITY, ST, ZIP	PACE FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. 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 Sections 119.07(3)(b), 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 attached sheet with an address.

SIGNATURE: *Norman Green* **NORMAN GREEN** 6/5/95 (904) 477-7407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000006381 (7)**

C.D.B. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**20610 DOTHAN RD
MIAMI FL 33189**

**20610 DOTHAN RD
MIAMI FL 33189**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1992		3a. Date of Last Report 05/20/1994	
2. Principal Place of Business 21 Suite, Apt # etc. 22 City & State 23 St., Country		2a. Mailing Address 26 Suite, Apt # etc. 27 City & State 28 St., Country	
4. FEI Number 65-0375024		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	
24 Inc. Country		25 Country	
29 Zip		30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPCO INC 2699 S BAY SHORE DR 7TH FLOOR MIAMI FL 33133				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

(Signature of Agent or current holder of registered agent position if applicable)

(NOTE: Registered Agent Signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETTE, DIANE E	1.2 NAME	
STREET ADDRESS	20610 DOTHAN RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33189	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 119 07(3)(b), 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 or as an attachment with an address.

SIGNATURE:

Diane E. Burnette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANE E. BURNETTE

5/25/95

Date

305-253-6878

Telephone Number

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
CORPORATION DIVISION

DOCUMENT # P92000006480 (7)

1. Corporate Name:

SEMINOLE ENGINEERING CONTRACTORS, INC.

Principal Place of Business:

**250 SOUTHWEST 13 AVENUE
POMPANO BEACH FL 33069
US**

Mailing Address:

**250 SOUTHWEST 13 AVENUE
POMPANO BEACH FL 33069
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **11/06/1992**

3a. Date of Last Report: **06/15/1994**

4. FEI Number: **65-0374530**

Applied For
Not Applicable

5. Certificate of Status (Desires):

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution:

**\$5.00 May Be
Added to Fees**

8. This corporation has not been an employer for purposes of Section 199 of the Florida Statutes: Yes No

2. Principal Place of Business:
21. **10211 W Sample Rd.**

2a. Mailing Address:
26. **10211 W Sample Rd**

22. Suite, Apt. #, etc.: **Suite 214**

27. Suite, Apt. #, etc.: **Suite 214**

23. City & State: **Coral Springs, FL**

28. City & State: **Coral Springs, FL**

24. Zip: **33065**

25. County: **Broward**

29. Zip: **33065**

30. County: **Broward**

9. Name and Address of Current Registered Agent

**THOMAS, MICHAEL W
9051 NW 45 ST
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

B1 Name:

B2 Street Address (P.O. Box Number is Not Acceptable):

B3

B4 City:

FL

B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Name of Agent (Print Name, Last Name First)

Name of New Registered Agent (Print Name, Last Name First)

167

12. OFFICERS AND DIRECTORS	
12.1 NAME THOMAS, MICHAEL W 9051 NW 45 ST SUNRISE FL 33351	
12.2	
12.3	
12.4	
12.5	
12.6	
12.7	
12.8	
12.9	
12.10	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	
13.3 CITY & STATE	
13.4 NAME	
13.5 STREET ADDRESS	
13.6 CITY & STATE	
13.7 NAME	
13.8 STREET ADDRESS	
13.9 CITY & STATE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 NAME	
13.14 STREET ADDRESS	
13.15 CITY & STATE	
13.16 NAME	
13.17 STREET ADDRESS	
13.18 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information included 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 receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: *Michael W. Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W Thomas

5/31/95 305-340-2683

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sarona B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 1995-01-11-1010

DOCUMENT # P92000006726 (3)

1. Corporation Name
JC - JP, INC.

Principal Place of Business 4651 SHERIDAN ST SUITE 305 HOLLYWOOD FL 33021	Mailing Address 4651 SHERIDAN ST SUITE 305 HOLLYWOOD FL 33021
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1992	3a. Date of Last Report 05/01/1994
--	--

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

4. FEI Number 65-0371010	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	
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHODOROW, JEFFREY
 4651 SHERIDAN ST.
 SUITE 305
 HOLLYWOOD FL 33024**

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 _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHODOROW, JEFFREY
STREET ADDRESS	19355 TURNBERRY WAY
CITY, ST, ZIP	N MIAMI BCH FL
TITLE	DV
NAME	POLSENBERG, JACK
STREET ADDRESS	4 GARTLEY DRIVE
CITY, ST, ZIP	NEWTOWN SQUARE PA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 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 119.07(3)(b), 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 am otherwise 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 other listing with an address.

SIGNATURE:  **Jeffrey R. Chodorow, Area** 5-3197 (215) 665 8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007372 (5)

1. Corporation Name
SPOT CASH FINANCE INC.

Principal Place of Business Mailing Address
1337 N.E. 12TH AVENUE 1337 N.E. 12TH AVENUE
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304

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	11/23/1992	06/20/1994
22. Suite, Apt #, etc	27. Suite, Apt #, etc	4. FEI Number	Applied For / Not Applicable
22	27	65-0370041	
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
25. Country	30. Country	8. The corporation has liability for entering the tax under C 190,000, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANDERSON, SHERRY 1337 N.E. 12TH AVENUE FORT LAUDERDALE FL 33304		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City

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 of Registered Agent) _____ (Signature of Secretary or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ANDERSON, SHERRY	1.2 NAME	
3. STREET ADDRESS	1337 N.E. 12TH AVENUE	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	FORT LAUDERDALE FL 33304	1.4 CITY, ST, ZIP	
5. TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	WILDE, MARIANNE C	2.2 NAME	
7. STREET ADDRESS	1337 N.E. 12TH AVENUE	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	FORT LAUDERDALE FL 33304	2.4 CITY, ST, ZIP	
9. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		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(9)(b), 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 of this report or on an attachment with an address:

SIGNATURE: *Marianne C. Wilde*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 marianne c. wilde
 S/26/95 305-523-0030
 (Include Number)

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007580 (3)

1. Corporation Name
BACKGROUND SEARCHES, INC.

Principal Place of Business Mailing Address
**2097 GLEN COVE CT.
CLEARWATER FL 34624** **2097 GLEN COVE CT.
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/25/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3179745	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	County 25	Zip 29	County 30

9. Name and Address of Current Registered Agent OWENS, PEGGY BEAN 2097 GLEN COVE CT. CLEARWATER FL 34624		10. Name and Address of New Registered Agent	
B1 Name			
B2 Street Address (P.O. Box Number is Not Acceptable)			
B3			
B4 City	FL	B5 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) _____ (Registered Agent signature required when mandatory) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	OWENS, PEGGY A 2097 GLEN COVE COURT CLEARWATER FL 34624	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(A), 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: *Peggy A Owens Director*
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 813-523 3622
(Date) (Telephone No.)