

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

**APPROVED  
AND  
FILED**

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # P94000001080 (8)**

1. Corporation Name  
**AGELESS PLACEMENTS, INC.**

95 MAY -1 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 48513, ST. PETERSBURG FL 33743  
Mailing Address: P.O. BOX 48513, ST. PETERSBURG FL 33743

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>12/28/1993</b>		3a. Date of Last Report <b>05/31/1994</b>	
2. Principal Place of Business 21 <b>1135 SO. PASADENA AVE</b>		4. FEI Number <b>59-3229682</b>	
22 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State <b>ST. PETERSBURG, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>33707</b>		25 Country <b>FLORIDA</b>	
26 Mailing Address <b>27</b>		28 City & State <b>29</b>	
30 Country <b>FLORIDA</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <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			
<b>KAY, PAULA</b> <b>1139 42 AVENUE N</b> <b>ST. PETERSBURG FL 33703</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable) <b>6927 PLACE DE LA PAIX</b>			
				B3			
				B4 City <b>SO. PASADENA</b>		B5 State <b>FL</b>	

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 Corporation Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <b>KAY, PAULA</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAY, PAULA</b>	12 NAME	
STREET ADDRESS	<b>1139-42ND AVE NO.</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>ST. PETERSBURG FL 33703</b>	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		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 qualify for the exemption stated in Section 199.032(6), 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. I am an officer or director of the corporation or the person 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: **PAULA KAY** *Paula Kay* **4/1/95** (Signature)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR