

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

APPROVED
AND
FILED

95 MAY -1 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015325 (1)
1. Corporation Name
GEORGIANA'S SECRETARIAL SERVICES, INC.

Principal Place of Business Mailing Address
~~1803 S. AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH FL 33409~~ ~~1803 S. AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH FL 33409~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 4360 NORTHLAKE BLVD # 205 26
Suite, Apt #, etc # 205 27 SAME
City & State PALM BCH GARDENS, FL 28
Zip 33410 Country USA 29

3. Date Incorporated or Qualified 02/22/1994 3a. Date of Last Report
4. FEI Number 65-0470644 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

9. Name and Address of Current Registered Agent
WASHOFSKY, MARTIN E E.A.P A
1803 S. AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable) 4360 NORTHLAKE BLVD # 205
B3
B4 City PALM BCH GARDENS FL B5 Zip Code 33410

11. Pursuant to the provisions of Sections 607.0503 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 the date) _____ (Name of registered agent required after 02/22/95) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARACI, GEORGIANA
STREET ADDRESS	1803 S. AUSTRALIAN AVENUE
CITY, ST, ZIP	WEST PALM BEACH FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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	4360 NORTHLAKE BLVD #205
1. CITY, ST, ZIP	PALM BCH GARDENS, FL 33410
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 Section 119.07(1)(b), Florida Statutes. I do hereby certify that the information indicated on this annual report or supplemental annual report was filed in Florida 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 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: Georgiana Faraci Per. 9/27/95 407-694-2400
Signature typed or printed name of signing officer or director