

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000063633 (9)

95 MAY -1 AM 8:40

1. Corporation Name
PROCESS PLUS, INC.

Principal Place of Business: **13301 BROADHURST LOOP S.W. FORT MYERS FL 33919**
Mailing Address: **13301 BROADHURST LOOP FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/29/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: **650529552** Applied For: Not Applicable:

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

23. Zip 28. Zip 29. Zip 30. Zip

7. This corporation has liability for interstate tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CILUFFO, MARILYN
13301 BROADHURST LOOP S.W.
FORT MYERS FL 33919**

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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when re-electing

DATE

12. OFFICERS AND DIRECTORS

3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CILUFFO, MARILYN
STREET ADDRESS	13301 BROADHURST LOOP S.W.
CITY, ST, ZIP	FORT MYERS FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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CITY, ST, ZIP	

1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY, ST, ZIP	
5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 NAME	
7 STREET ADDRESS	
8 CITY, ST, ZIP	
9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn Ciluffo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 813-4817949
Date System File #