

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

**APPROVED AND FILED**

CORPORATION  
ANNUAL REPORT  
1995



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

05 MAY - 1 11 0 17

RECEIVED  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000083599 (8)**

1. Incorporation Name:

**PRE-START OF FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

3. Date of Organization or Qualification: **11/15/1994**  
3a. Date of Last Report:

4. FEI Number: **66-0536704**  
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. 192.032, Florida Statutes:  Yes  No

2. Principal Place of Business		2a. Mailing Address	
2434 S.E. DRAYTON ROAD PORT ST LUCIE FL 34952		2434 S.E. DRAYTON ROAD PORT ST LUCIE FL 34952	
21. Principal Place of Business	26. Mailing Address		
22. State Apt. # etc.	27. State Apt. # etc.		
23. City & State	28. City & State		
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**LAQUERRE, RICHARD**  
**2434 S.E. DRAYTON ROAD**  
**PORT ST. LUCIE FL 34952**

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 607.0602 and 607.1408, 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: \_\_\_\_\_  
By: \_\_\_\_\_ Registered Agent (print or type name and title)  
Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	DP <b>LAQUERRE, RICHARD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>2434 S.E. DRAYTON RD.</b>	2. NAME	
3. CITY & STATE	<b>PORT ST LUCIE FL 34952</b>	3. STREET ADDRESS	
4. TITLE		4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY & STATE		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE		8. TITLE	
9. NAME		9. NAME	
10. STREET ADDRESS		10. STREET ADDRESS	
11. CITY & STATE		11. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE		12. TITLE	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. TITLE		16. TITLE	
17. NAME		17. NAME	
18. STREET ADDRESS		18. STREET ADDRESS	
19. CITY & STATE		19. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. TITLE		20. TITLE	
21. NAME		21. NAME	
22. STREET ADDRESS		22. STREET ADDRESS	
23. CITY & STATE		23. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. TITLE		24. TITLE	
25. NAME		25. NAME	
26. STREET ADDRESS		26. STREET ADDRESS	
27. CITY & STATE		27. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. TITLE		28. TITLE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071(1)(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 treasurer or financial agent or have signed this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard C. LaQuanna - RUC* **4-28-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-28-95 419-318-0122