

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne H. Buffington
Tallahassee, Florida

DOCUMENT # **S76852** (0)

POLARIS ASSOCIATES, INC.

APPROVED AND FILED
MAY 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office: 510 S. LAKE DRIVE STE. A CLEARWATER FL 34616 US
Mailing Address: 510 S. LAKE DRIVE STE. A CLEARWATER FL 34616 US

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Office (Mailing Address)					2a. Mailing Address				
22					27				
23					28				
24					29				

3. Date incorporated or qualified	3a. Date of Last Report
08/28/1991	05/01/1994
4. FEI Number	Applied For / Not Applicable
59-3085869	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has failed to comply with the order of the Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**DIEHL, JOHN O.
1419 EASTFIELD DR
CLEARWATER FL 34624**

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 607.0601 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DP	DIEHL, JOHN O. 1419 EASTFIELD DR CLEARWATER FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DST	FERRANS, DANIEL D. 1515 MICHIGAN AVE PALM HARBOR FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law hereof (1993)(1)(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 this corporation or the registered agent of this corporation as required by Chapter 607, Florida Statutes, and that my name appears on this corporation's books as an officer or director or as an authorized agent of this corporation.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 813-449-2775
TALL Secretary of State