FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

5-1-95 B 6903

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIV. OF CORPORATIONS

95 MAY -1 AM 11:05

DOCUMENT # 354289 (1)

1. Corporate Name

GARY FROID AND ASSOCIATES, INC.

Principal Place of Business
P.O. BOX 400
ST. PETERSBURG FL 33731

Mailing Address
P.O. BOX 400
ST. PETERSBURG FL 33731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1969

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite Apt # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-1273606 — 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 § 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

FROID, GARY R.
321 BRIGHTWATERS BLVD., NE
ST. PETERSBURG FL 33704

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 Section 607.0501 and 607.0505 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 hereby accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS

Title	P
NAME	FROID, GARY
Street Address	25 2ND STREET N., #400
City, St, Zip	ST PETERSBURG FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 1.)

Title	[ ] Change [ ] Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
Title	[ ] Change [ ] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
Title	[ ] Change [ ] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
Title	[ ] Change [ ] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
Title	[ ] Change [ ] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
Title	[ ] Change [ ] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing, effectively formulated and does not qualify for the penalties stated in Section 817.155 of the Florida Statutes. Further I certify that the information indicated on the annual report or supplemental annual report is true and complete 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 the report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or is attached to and made a part hereof.

SIGNATURE: [signature] 5-12-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0312036 CP