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 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 517196 (2)

1. Corporation Name

PAUL R. MCGINNES AND ASSOCIATES CONSULTING LABOR ATORIES, INC.

Principal Place of Business	Mailing Address
4168 WESTROADS DRIVE WEST PALM BCH. FL 33407	4168 WESTROADS DRIVE WEST PALM BCH. FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1976
3a. Date of Last Report: 05/10/1994
4. FEI Number: 59-1696789 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

MCGINNES, PAUL R.
4168 WESTROADS DRIVE
WEST PALM BCH. FL 33407

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 607.0502 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 Paul R. McGinnes — 4-10-95 DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	MCGINNES, PAUL R	1.2 NAME	
STREET ADDRESS	4168 WESTROADS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	[ ] Change [ ] Addition
NAME	MCGINNES, HAROLD P.	2.2 NAME	
STREET ADDRESS	4168 WESTROADS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	[X] Change [ ] Addition
NAME	MARTIN, WILLIAM	3.2 NAME	delete
STREET ADDRESS	4168 WESTROADS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	[ ] Change [ ] Addition
NAME	TUCKER, LORETTA	4.2 NAME	
STREET ADDRESS	4168 WESTROADS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	AKHURST-HOCHSTRASSER, E.	5.2 NAME	
STREET ADDRESS	4168 WESTROADS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	[ ] Change [ ] Addition
NAME	SALTONSTALL, HENRY	6.2 NAME	
STREET ADDRESS	4168 WESTROADS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 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(3)(i), 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: Loretta A. Tucker — 4-10-95 (Date) — 407-842-2849 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Loretta A. Tucker

0244490 CP