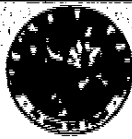


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 746611 (3)

1. Corporation Name
NATIONAL MARRIAGE ENCOUNTER OF FLORIDA, INC.

Principal Place of Business
1711 FOLLOWTHRU ROAD N.
ST. PETERSBURG FL 33710

Mailing Address
1711 FOLLOWTHRU ROAD N.
ST. PETERSBURG FL 33710

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

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

9. Name and Address of Current Registered Agent
KOENG, ALAN R
1711 FOLLOWTHRU RD
ST. PETERSBURG FL 33710

APPROVED AND FILED
95 APR 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/04/1979

3a. Date of Last Report
06/21/1994

4. FEI Number
59-2104799

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status
\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
Yes No

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FAIRBANKS, DOUGLAS 6401 BOYU GRANDE NE ST. PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Masi, Bill 4000 25 Ave. N. St Petersburg, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FAIRBANKS, PAT 6401 BAYOU GRAND NE ST. PETERSBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VPD Masi, Donna 4000 25 Ave. N. St Petersburg, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRD CLARK, LEO 8279 134ST ST. N. SEMINOLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CLARK, BRENDA 8279 134ST ST. N. SEMINOLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOUSA, LARRY 5400 BATES STREET SEMINOLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SOUSA, SUSAN 5400 BATES STREET SEMINOLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an affidavit.

SIGNATURE:  Leo Clark TRD 4-15-95 813 3913322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #