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 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **836520** **(7)**

1. Corporation Name

MUTUAL SERVICE CORPORATION

Principal Place of Business	Mailing Address
7108 FAIRWAY DRIVE SUITE 300 PALM BEACH GARDENS FL 33418	7108 FAIRWAY DRIVE SUITE 300 PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1976
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business (21): 250 AUSTRALIAN AVE. SOUTH
Suite, Apt. #, etc. (22): SUITE 1800
City & State (23): WEST PALM BEACH, FL
Zip (24): 33401 County (25):

2a. Mailing Address (26): P.O. BOX 24777
Suite, Apt. #, etc. (27):
City & State (28): WEST PALM BEACH, FL
Zip (29): 33416-4777 County (30):

4. FEI Number: 38-1893570 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KAMINSKI, DENNIS S. C/O MUTUAL SERVICE
7108 FAIRWAY DRIVE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 250 AUSTRALIAN AVE. SOUTH
83: SUITE 1800
84 City: WEST PALM BEACH, FL 85 Zip Code: 33401

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DIXON, JOHN L	12 NAME	
STREET ADDRESS	11043 THYME	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	POFF, JOHN W	22 NAME	
STREET ADDRESS	3646 CYPRESS EDGE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MILFS, AUDREY	32 NAME	
STREET ADDRESS	26922 ROCKING HORSE LN	33 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	KAMINSKI, DENNIS S.	42 NAME	
STREET ADDRESS	13632 BRIGHTSTONE STREET	43 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	44 CITY-ST-ZIP	
TITLE	DC	51 TITLE	☐ Change ☐ Addition
NAME	SCHAFER, GLENN S	52 NAME	
STREET ADDRESS	24036 CORMORANT LN	53 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL CA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CVENGROS, WILLIAM D	62 NAME	
STREET ADDRESS	31975 PEPPERTREE BEND	63 STREET ADDRESS	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA	64 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: John Galt 4/28/95 (407) 835-4100
SIGNATURE OF, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0984381 CP