

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

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MAY 23 11:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F31742** (2)

1. Corporation Name
JOHN SIROUNIS & SONS, INC.

Principal Place of Business: **2301 W SAMPLE RD. POMPANO BCH. FL. 33073**
Mailing Address: **2301 W SAMPLE RD. POMPANO BCH. FL. 33073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1981** 3a. Date of Last Report: **03/16/1994**
4. FEI Number: **59-2107788** 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**
9. This corporation has liability for campaign contributions under 192.035, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
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9. Name and Address of Current Registered Agent
**SIROUNIS, MIKE
4950 NE 29 AVENUE
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

12.1 NAME	DSP SIROUNIS, MIKE
12.2 STREET ADDRESS	4950 NE 29 AVENUE LIGHTHOUSE PT FL
12.3 CITY, ST, ZIP	
12.4 NAME	DTV SIROUNIS, BOB
12.5 STREET ADDRESS	1525 SE 14 CT. DEERFIELD BCH. FL
12.6 CITY, ST, ZIP	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Sections 192.035(1)(b) Florida Statutes. Further, I 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 this corporation or am its agent or trustee authorized to make this report as required by Chapter 192, Florida Statutes, and that my name appears on Block 4, or Block 13 if changed, or on Block 14 if named with an address.

SIGNATURE: **MIKE SIROUNIS**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95 (305) 972-0683