

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:03

DOCUMENT # F35562 (0)

**1. Corporation Name
P.A.L. REFERRAL COMPANY**

**Principal Place of Business Mailing Address
8263 W BROWARD BLVD 8263 W BROWARD BLVD
PLANTATION FL 33324 PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 100 S. Pine Island Rd.		25 100 S. Pine Island Rd.		05/20/1981	03/03/1994
22 Suite, Apt. #, etc. Suite 200		27 Suite, Apt. #, etc. Suite 200		4. FEI Number	Applied For
23 City & State Plantation, FL		28 City & State Plantation, FL		59-2321223	Not Applicable
24 Zip 33324	25 Country	29 Zip 33324	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LETHBRIDGE, BARRY 8263 W. BROWARD BLVD. 100 S. Pine Island Rd PLANTATION FL 33324				81 Name	Barry Lethbridge		
				82 Street Address (P.O. Box Number is Not Acceptable)	100 S. Pine Island Rd		
				83	Suite 200		
				84 City	Plantation	FL	85 Zip Code 33324

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETHBRIDGE, BARRY	2.2 NAME	
STREET ADDRESS	8263 W. BROWARD BLVD. 100 S. Pine Island Rd	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL Suite 200	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		7.3 STREET ADDRESS	
CITY - ST - ZIP		8.4 CITY - ST - ZIP	
TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10.2 NAME	
STREET ADDRESS		11.3 STREET ADDRESS	
CITY - ST - ZIP		12.4 CITY - ST - ZIP	
TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.2 NAME	
STREET ADDRESS		15.3 STREET ADDRESS	
CITY - ST - ZIP		16.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. 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 007, Florida Statutes, and that my name appears on Block 12 or Block 13, changed, or on an attachment with an addendum.

SIGNATURE: *[Signature]* DATE: 2/1/95 305 4727 701
 SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BARRY LETHBRIDGE