

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F57942** (7)

1. Corporation Name
OPUS SOUTH CORPORATION

Principal Place of Business Mailing Address
5401 CORPORATE WOODS, STE 100 PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/08/1981** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	58-1454928	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	23
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when constituting) _____ (DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTS
NAME	GREENFIELD, BARRY W.
STREET ADDRESS	4200 W. CYPRESS ST. #444
CITY- ST- ZIP	TAMPA FL
TITLE	PD
NAME	RAUENHORST, NEIL J.
STREET ADDRESS	4200 W. CYPRESS ST. #444
CITY- ST- ZIP	TAMPA FL
TITLE	V
NAME	LEE, JAMES J
STREET ADDRESS	4200 W. CYPRESS ST. #444
CITY- ST- ZIP	TAMPA FL
TITLE	AS
NAME	KASER, MARY
STREET ADDRESS	5401 CORPORATE WOODS 100
CITY- ST- ZIP	PENSACOLA, FL 00000
TITLE	V
NAME	KLINE, JAMES F.
STREET ADDRESS	9229 LBJ FREEWAY #148
CITY- ST- ZIP	TAMPA FL
TITLE	V
NAME	DUSEK, JOSEPH D.
STREET ADDRESS	5401 CORPORATE WOODS 100
CITY- ST- ZIP	PENSACOLA FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry Greenfield* 5/1/95 813-872-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone