

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

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # F92000000538 (0)

1. Corporation Name

~~INVESTMENT SERVICES HOLDING CORP~~

Investment Services, Inc.

Principal Place of Business Mailing Address

~~2960 Post Road Southport Ct. 06490~~ ~~2960 Post Road Southport Ct. 06490~~

2960 Post Road Southport Ct. 06490 **2960 Post Road Southport Ct. 06490**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified **12/08/1992** 3a. Date of Last Report **11/07/1994**

4. FEI Number **04-3142420** 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signatures typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | PCD | 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOUGHTY, JOHN J | 1 2 NAME | |
| STREET ADDRESS | 138 TURTLE BAY DRIVE | 1 3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANFORD CT 06405 | 1 4 CITY-ST-ZIP | |
| TITLE | VST | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, CLARENCE V III | 2 2 NAME | |
| STREET ADDRESS | 54 BUTTERNUT LANE | 2 3 STREET ADDRESS | |
| CITY-ST-ZIP | SOUTHPORT CT 06490 | 2 4 CITY-ST-ZIP | |
| TITLE | V | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOULINSKY, THOMAS J | 3 2 NAME | |
| STREET ADDRESS | 1204 CRESTVIEW AVENUE | 3 3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | 3 4 CITY-ST-ZIP | |
| TITLE | D | 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RZEDIAN, RICHARD | 4 2 NAME | |
| STREET ADDRESS | 2 TAYLOR LANE | 4 3 STREET ADDRESS | |
| CITY-ST-ZIP | LEXINGTON MA 02173 | 4 4 CITY-ST-ZIP | |
| TITLE | D | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEAN, PETER | 5 2 NAME | |
| STREET ADDRESS | 1018 DEAN PARK ROAD | 5 3 STREET ADDRESS | |
| CITY-ST-ZIP | WILANGVA PA 19085 | 5 4 CITY-ST-ZIP | |
| TITLE | | 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Clarence V. Lee III Date: 4/10/95 203-256-8585

Signature and typed or printed name of signing officer or director: **Clarence V. Lee III**