

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004972 (6)**

95 FEB 14 PM 4: 29

1. Corporation Name
SHKORDOFF ROTRUCK & ASSOCIATES, INC.

Principal Place of Business Mailing Address
STE. 110, 312 EAST VENICE AVE. VENICE FL 34292

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		25		25-1444884		10/22/1993	
22		27		5. Certificate of Status Desired		3b. Date of Last Report	
23		28		6. Election Campaign Financing Trust Fund Contribution		04/28/1994	
24		29		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Applied For Not Applicable	
25		30		8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		\$8.75 Additional Fee Required	
						\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHKORDOFF, THOMAS STE. 110, 312 EAST VENICE AVE. VENICE FL 34292				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: _____ (Signature of registered agent and fee application) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHKORDOFF, THOMAS	12 NAME	
STREET ADDRESS	1389 VERMEER DR.	13 STREET ADDRESS	
CITY, ST, ZIP	NOKOMIS FL 34275	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(9)(b), Florida Statutes. I further certify that the information made public in this annual report or equivalent 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 transmit this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of information filed with an affidavit.

SIGNATURE: *T. Shkordoff* Feb 10/95 813989-7101
 SIGNATURE AND TYPE OR PRINT NAME OF AGENT OR DIRECTOR T. SHKORDOFF PRES.
 Date: _____