

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001604 (7)

1. Corporation Name

BISHOPS SERVICES INCORPORATED



Principal Place of Business

Mailing Address

2151 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

2151 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

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

9. Name and Address of Current Registered Agent

MCGLYNN, JOHN A
2151 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signatures taken for printed name of registered agent and for applicable

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCGLYNN, JOHN A
STREET ADDRESS 3237 LAKE SHORE DR.
CITY- ST- ZIP DEERFIELD BEACH FL 33442

DELETE

TITLE STD
NAME FLATLEY, T K
STREET ADDRESS 215 W. 91ST ST.
CITY- ST- ZIP NEW YORK NY 10024

DELETE

TITLE D
NAME CORSON, LYNN
STREET ADDRESS P.O. BOX 457 N/A
CITY- ST- ZIP ONANCOCK VA 23417

DELETE

TITLE D
NAME SEITS, KEVIN
STREET ADDRESS P.O. BOX 31 N/A
CITY- ST- ZIP WINDSOR VT 05089

DELETE

TITLE D
NAME GANDOLLO, VINCENT J JR
STREET ADDRESS 300 E. 54TH ST.
CITY- ST- ZIP NEW YORK NY 10022

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

CORSON, LYNN
= P.O. BOX 457 N/A
ONANCOCK VA 23417
SEITS, KEVIN
P.O. BOX 31 N/A
BROWNSVILLE, VT. 05037

200001895852
-07/17/96--01011--037
***225.00

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)(b), 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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. MCGLYNN
President

6/21/96

954 420 0455
05 7/11/96

CR2E034 (3/96)