

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morarty
Secretary of State
UNIVERSITY OF FLORIDA PALM BLVD.

APPROVED AND FILED

95 MAY -1 PM 2:21

DOCUMENT # **G06584 (8)**
1. Corporation Name
FLEET MANAGEMENT CONSULTING CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **17809 BONIELLO DRIVE BOCA RATON FL 33496**
Mailing Address: **1100 S FEDERAL HWY SUITE 4 BOYTON BEACH FL 33435 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	26. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/12/1982	04/13/1994
State, Apt. # etc.	State, Apt. # etc.	4. FEI Number	Applied For
22	27	59-2320291	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24	25	29	30
		6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		7. This corporation is eligible for simplified tax under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPINELLI, NICHOLAS J. 17809 BONIELLO DRIVE BOCA RATON FL 33496	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the provisions of the Florida Statutes.

SIGNATURE: _____ DATE: _____

12. ADDITIONAL REGISTERED OFFICES	13. ADDITIONAL CHANGES TO OFFICE (DO NOT CHECK EITHER)
TD NAME: SPINELLI, NICK STREET ADDRESS: 17809 BONIELLO DRIVE CITY, ST, ZIP: BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: SPINELLI, COLLEEN STREET ADDRESS: 17809 BONIELLO DRIVE CITY, ST, ZIP: BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: EVANS, CRAIG J. STREET ADDRESS: 880 N.W. 8TH AVE. CITY, ST, ZIP: BOYNTON BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: SPINELLI, NICK STREET ADDRESS: 17809 BONIELLO DRIVE CITY, ST, ZIP: BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Sections 607.01(2) and 607.15(1)(b) Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the resident or business agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or in Block 13 of this report or in an attached certificate.

SIGNATURE: *Colleen Spinelli* **Colleen Spinelli** 4/24/95 (407) 332-3113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR