FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G11775

(5)

WINTER PARK FL 32789-7113

2a. Mailing Address

Cily & State

Suite, Apt. #, etc.

26

CITRASERV, INC.

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

1477 FAIRBANKS AVE % ERNEST R. JANYRIN WINTER PARK FL \$2789

Principal Place of Business	Mailing Address	
1477 FAIRBANKS AVE % ERNEST R. JANVRIN	1477 FAIRBANKS AVE % ERNEST R. JANVRIN	

FILED

Apr 28 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

05/0<u>1/1996</u>

3. Date Incorporated or Qualified

12/03/1982

59-2239678

5. Certificate of Status Desired

6. Election Campaign Financing

FEI Number

23			28							Trust F	und Conti	ribution		Added 1	to Fees
Zip		Country	<u> </u>	Zip		Cour	ntry		1	3. This co	orporation	has liabilil	ty fo <u>r intangibl</u>		. 199.032,
24		25	29		30	<u>)</u>					Statutes		Yes		
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent							
JANVRIN, ERNST R.						 	82 : 83	147	77_	W.	Number FA Coo PA		eptable) 9~Ks Fl	Avs	Code 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 suppose the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typic of particular and talk of gradual to the corporation is gradual and talk of gradual to the provisions of the purpose of changing its registered agent and talk of gradual signature required when reinstating.															
SIGNATURE	Signature, typud	printed name of reg	estered agont and title	cul applicable	(NOTE R	eg stered	Agent :	signature r	required wh	en reinstatin	g)		DATE	/	
12.		OFFIC	ERS AND DIRE			13.				ADDITIO	ONS/CHAI	NGES TO	OFFICERS AN		
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NAME	YEILDING					1.2 NAM	ΜE								
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CITY-ST-ZIP	WINTER F	ARK, FL 0000	00			1.4 CIT	Y-\$1-3								
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CITY-ST-ZIP	LONGWO	OD, FL 00000	1			2 4 CIT	Y-ST-	ZIP }	Dra	a. 4.	a				Ĩ
TITLE					DELETÉ	31101	_£		STE	PHA	NIE	MC	DONALO	Change	Addition
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NAME						5.2 NAN	ΜE	İ							
STREET ADDRESS						5.3 S1R	REET AD	DRESS]
CITY-ST-ZIP						5.4.0(1)	Y - \$1 - 2	71P							Í
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NAME						G.2 NAN	ΜE								
STREET ADDRESS						6.3 STR	REET AD	DORESS)							Ì
CITY-ST-ZIP						64 CIT		;							
14. I do here	by certify that	the information	supplied with t	his filing does	s not qualify f	or the 6	xem	ption str	ated in S	Section 1	19.07(3)(i)	, Florida S	tatutes. I furth	er 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 changes, or on an attachment with an address.															