

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G11775** (5)
1. Corporation Name
CITRASERV, INC.

Principal Place of Business 1477 FAIRBANKS AVE % ERNEST R. JANVRIN WINTER PARK FL 32789	Mailing Address 1477 FAIRBANKS AVE % ERNEST R. JANVRIN WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 12/03/1982	
25 Country		30 Country		4. FEI Number 59-2239678 Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JANVRIN, ERNST R.
1477 W FAIRBANKS AVE
STE #200
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	D	<input type="checkbox"/> DELETE
	NAME	MCDONALD, STEPHANIE	
	STREET ADDRESS	1284 W FAIRBANKS AVE	
	CITY-ST-ZIP	WINTER PARK FL	
	TITLE	PO	<input type="checkbox"/> DELETE
	NAME	JANVRIN, ERNST R	
	STREET ADDRESS	281 TOLLGATE TRAIL	
	CITY-ST-ZIP	LONGWOOD, FL 00000	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ernst R. Janvrin

ERNEST R. JANVRIN

4/30/98

407-629-1300

CR2E034 (10/97)