FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:40

DOCUMENT # **H82009** **(2)**

1. Corporation Name
PERSONALLY YOURS SERVICES, INC.

Principal Place of Business	Mailing Address
1600 W. 49TH ST., STE 309 HIALEAH FL 33012	1600 W. 49TH ST., STE 309 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1985	3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2597845	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

REISER, JACQUELINE B.
372 COCONUT CIR
FT LAUDERDALE 33326

10. Name and Address of New Registered Agent

31 Name

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

33

34 City: FL 35 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: _____ (Registered Agent) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	REISER, JACQUELINE B.	12 NAME	
STREET ADDRESS	372 COCONUT CIR	13 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	
TITLE	DTC	21 TITLE	☐ Change ☐ Addition
NAME	REISER, MICHAEL R.	22 NAME	
STREET ADDRESS	372 COCONUT CIR	23 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	REISER, ELIZABETH M.	32 NAME	
STREET ADDRESS	16918 S.W. 5TH WAY	33 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	REISER, DONALD M.	42 NAME	
STREET ADDRESS	16918 S.W. 5TH WAY	43 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 added additional with an address.

SIGNATURE: _____ 1/11/95 305-822-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael R. Reiser

0001872 CP