

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 MAY 31 AM 9:36

DOCUMENT # J09643 (4)

1. Corporation Name

ECONOMY SALES AND SERVICE, INC.

Principal Place of Business

% ROBERT M. BADER
22232 WESTCHESTER BOULEVARD
PORT CHARLOTTE FL 33952

Mailing Address

% ROBERT M. BADER
22232 WESTCHESTER BOULEVARD
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 23115 Foster Ave.		04/17/1986	07/20/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 Charlotte Harbor, Fl		59-2682121	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33980	25	29 33980	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BADER, ROBERT M. 22232 WESTCHESTER BOULEVARD POST OFFICE BOX 3551 PORT CHARLOTTE FL 33952				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRAM, DEANNA	1.2 NAME	Lena Kish
STREET ADDRESS	3624 ISLANDVIEW DR.	1.3 STREET ADDRESS	22751 Bayshore Rd.
CITY - ST - ZIP	PUNTA GORDA FL	1.4 CITY - ST - ZIP	Charlotte Harbor, Fl. 33980
TITLE	PD	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRAM, BRUCE	2.2 NAME	Ellanore Aucompagh
STREET ADDRESS	3624 ISLANDVIEW DR.	2.3 STREET ADDRESS	3096 Broadpoint Dr.
CITY - ST - ZIP	PUNTA GORDA FL	2.4 CITY - ST - ZIP	Punta Gorda, Fl. 33983
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, JEFFREY	3.2 NAME	
STREET ADDRESS	458 GRIFFITH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSEY, VIRGINIA	4.2 NAME	
STREET ADDRESS	29345 PINE VILLA CR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 118.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Warram Bruce Warram President 5-26-95 (813) 625-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #