

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J19986** (5)

1. Corporation Name
PRESIDENTIAL GROUP SOUTH, INC.

APPROVED
AND
FILED
95 APR 20 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
885 DOUGLAS AVE. STE. #137 ALTAMONTE SPRINGS FL 32714 US	885 DOUGLAS AVE.O STE. #137 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 135 W. PINEVIEW ST. Suite, Apt. #, etc.	26 135 W. PINEVIEW ST. Suite, Apt. #, etc.	06/17/1986	05/01/1994
22	27	4. FEI Number	Applied For
23 ALTAMONTE SPRINGS, FL City & State	28 ALTAMONTE SPRINGS, FL City & State	59-2733791	Not Applicable
24 32714 Zip	25 US Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 32714 Zip	30 US Country	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GUADAGNINO, ANTHONY
885 DOUGLAS AVE.
STE. 137
ALTAMONTE SPRINGS FL 32714

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
135 W. PINEVIEW ST.
83
84 City
ALTAMONTE SPRINGS FL 85 Zip Code
32714

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUADAGNINO, ANTHONY	1 2 NAME	
STREET ADDRESS	402 TWISTING PINE CIR.	1 3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	1 4 CITY - ST - ZIP	
TITLE	DS	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUADAGNINO, NANCY	2 2 NAME	
STREET ADDRESS	402 TWISTING PINE CIR.	2 3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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: **Res. Anthony Guadagnino** 4/25/95 407 682-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR