

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATE & S

APPROVED AND FILED

95 MAR 29 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J20138 (0)
1. Corporation Name
EXECUTIVE & PROFESSIONAL MANAGEMENT SERVICES, INC.
100 South Biscayne Blvd., Suite 1100
Miami, Florida 33131

Principal Place of Business Mailing Address
Same as above Same as above

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/17/1986** 3a. Date of Last Report **5/01/1993**
4. FEI Number **59-2805186** 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 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GRAY, URANA D.
100 S. Biscayne Blvd., Suite 1100
Miami, FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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) (Print Name of registered agent and title appropriate) (Print Registered Agent signature (required when applicable)) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Hollo, Tibor
STREET ADDRESS	100 S. Biscayne Blvd., Suite 1100
CITY, ST, ZIP	Miami, FL 33131
TITLE	V/D
NAME	Hollo, Wayne R.
STREET ADDRESS	100 S. Biscayne Blvd. Ste. 1100
CITY, ST, ZIP	Miami, FL 33131
TITLE	V/S/D
NAME	Gray, U. D.
STREET ADDRESS	100 S. Biscayne Blvd., Suite 1100
CITY, ST, ZIP	Miami, FL 33131
TITLE	V/D
NAME	Baer, Steve
STREET ADDRESS	100 S. Biscayne Blvd., Suite 1100
CITY, ST, ZIP	Miami, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	400001444604
14 CITY, ST, ZIP	-03/31/95--01020--020
21 TITLE	***200.00 ***200.00
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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: U. D. Gray Sec'y 3/22/95 305/358-2210 24.110
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Florida State #