

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # J40682 (3)

1. Corporation Name

SUITE 100 INVESTMENT SERVICES, INC.



Principal Place of Business C/O LEONARD HOAG 815 COLORADO AVENUE STUART FL 34994 US		Mailing Address C/O LEONARD HOAG 815 COLORADO AVENUE STUART FL 34994 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent HOAG, LEONARD 815 COLORADO AVE STUART FL 34994			
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, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent's signature required when not standing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	HUDSON, DENNIS S., JR.	1.2 NAME	
STREET ADDRESS	815 COLORADO AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	HUDSON, DALE M.	2.2 NAME	
STREET ADDRESS	815 COLORADO AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	HUDSON, DENNIS S., III	3.2 NAME	
STREET ADDRESS	815 COLORADO AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	HAHL, WILLIAM R.	4.2 NAME	
STREET ADDRESS	815 COLORADO AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	
NAME	HOAG, LEONARD J	5.2 NAME	
STREET ADDRESS	815 COLORADO AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	5.4 CITY - ST - ZIP	
TITLE	VS	6.1 TITLE	
NAME	PATTERSON, LIS F	6.2 NAME	
STREET ADDRESS	815 COLORADO AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 407-287-6084

DATE

Daytime Phone #

CR2E034 (12/95)