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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J85917 (9)

**1. Corporation Name
PUBS INTERNATIONAL LTD, INC.**

**Principal Place of Business Mailing Address
901 SR 434 NO
ALTAMONTE SPG3 FL 32714
US 103 COVE LAKE DR
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/01/1987 **3a. Date of Last Report 04/22/1994**
4. FEI Number 59-2830815 **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**
6. 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**
22 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.
23 City & State **28** City & State
24 Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent
**DEVANEY, PHYLLIS
103 COVE LAKE DR
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent
B1 Name KAROLYN DEVANEY PARRA
B2 Street Address (P.O. Box Number is Not Acceptable) 103 COVE LAKE DRIVE
B3
B4 City LONGWOOD FL B5 Zip Code 32779

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 *Karolyn Devaney Parra* **DATE** **04-17-95**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEVANEY, PHYLLIS L
STREET ADDRESS	103 COVE LAKE DR
CITY - ST - ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAROLYN DEVANEY PARRA	
1.3 STREET ADDRESS	103 COVE LAKE DRIVE	
1.4 CITY - ST - ZIP	LONGWOOD FL 32779	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Karolyn Devaney Parra* **DATE** **04-17-95** **407-682-6545**
(NOTE: Registered Agent signature required when reinstating)