

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

APPROVED AND FILED

95 APR 27 PM 3: 17

DOCUMENT # **K02035** (9)
1. Corporation Name
FREDRIC P. SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8095 CHATUGA CT. LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **11/09/1987** 3a. Date of Last Report **04/18/1994**
4. FEI Number **65-0013665** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, 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
**SMODISH, MICHAEL P.
1101 NORTH CONGRESS AVENUE
SUITE 200
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 607.0509, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the 4 applicable) (NOTE: Registered Agent signature required when rotating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	PETROV, JEFFREY
STREET ADDRESS	8095 CHATUGA CT.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	PETROV, SUSAN
STREET ADDRESS	8095 CHATUGA CT.
CITY - ST - ZIP	LAKE WORTH 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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: Jeffrey F. Petrov Pres. 4/24/95 107-423-2730
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #