

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

**APPROVED
AND
FILED**

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JANICE B. MONTGOMERY
GOVERNOR

DOCUMENT # **K15448** (9)

55 MAY 10 AM 10:35

ROBERT O. MCMULLIN CPA, CHARTERED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **840 BUTTERNUT TERRACE BOCA RATON FL 33486-5519**
 Mailing Address: **840 BUTTERNUT TERRACE BOCA RATON FL 33486-5519**

DO NOT WRITE IN THIS SPACE

3. Date last reported (or qualified): 02/18/1988		3a. Date of Last Report: 05/01/1994	
4. FEI Number: 65-0027940		Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. The corporation has liability for intangible tax under S. 199.032 Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERT O. MCMULLIN 840 BUTTERNUT TERR. BOCA RATON FL 33486				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 807.06(1) and 807.1508, 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 807.0608, Florida Statutes.

SIGNATURE: *Robert O. McMullin* DATE: **5/3/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLIN, ROBERT O.	1. NAME	
STREET ADDRESS	840 BUTTERNUT TERR	1. STREET ADDRESS	
CITY, STATE, ZIP	BOCA RATON FL	1. CITY, STATE, ZIP	
OFFICE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		2. CITY, STATE, ZIP	
OFFICE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	
OFFICE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, STATE, ZIP		4. CITY, STATE, ZIP	
OFFICE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE, ZIP		5. CITY, STATE, ZIP	
OFFICE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, STATE, ZIP		6. CITY, STATE, 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 199.03(2), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the filer of the report prepared by me and I am required to file this report as required by Chapter 227, Florida Statutes, and that my name appears on the K-12 or the K-13 of a transfer or on an attachment with an address.

SIGNATURE: *Robert O. McMullin* DATE: **5/3/95**