FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # K36282 (7)

1. Corporate Name
VARIANCE, INC.

Principal Place of Business
% SOPHIA GABALSKI
1140 NE 27TH AVE.
POMPANO BEACH FL 33062
US

Mailing Address
% SOPHIA GABALSKI
1140 NE 27TH AVENUE
POMPANO BEACH FL 33062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1988
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21
Street Address
22
City & State
23
24 25

2a. Mailing Address
26
State Apt. Number
27
City & State
28
29 30

4. FEI Number: 38-2831883
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. The corporation is a small business corporation as defined by 1993 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
GABALSKI, SOPHIA
1140 NE 27TH AVE.
POMPANO BEACH FL 33062

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 607.0505 and 607.0506, Florida Statutes, the above named corporation submits the 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. Check if not the appointment of a registered agent. I am familiar with and accept the obligations of a registered agent, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GABALSKI, SOPHIA
STREET ADDRESS	1140 NE 27TH AVE.
CITY, ST, ZIP	POMPANO BCH. FL
TITLE	DS
NAME	GABALSKI, JEFFREY
STREET ADDRESS	1140 NE 27TH AVE.
CITY, ST, ZIP	POMPANO BCH FL
TITLE	DT
NAME	GABALSKI, SCOTT
STREET ADDRESS	1140 NE 27TH AVE.
CITY, ST, ZIP	POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is accurate and that this report complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report filed with and made part hereof is true and accurate and that my signature shall constitute affirmation of the truth of the information contained in the report and that I am an officer or director of the corporation or the agent of the corporation upon whom this report is signed, pursuant to Section 607.0505, Florida Statutes, and that my name appears in Block 12 of this report or in an attached amendment with an address.

SIGNATURE: Sophia A. Gabalski Sophia A. GABALSKI 04/17/95 (305) 943 4119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0104320 CP