FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY 18 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
FENWAY CONSULTING SERVICES INC.

DOCUMENT # K69853 (5)

500001497915
-05/24/95 -01025 -020
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Place of Business
% FRANK E. NECELA 201 N. FEDERAL HIGHWAY, #111 DEERFIELD BEACH FL 33441	% FRANK E. NECELA 201 N. FEDERAL HIGHWAY, #111 DEERFIELD BEACH FL 33441

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 03/02/1989
3a. Date of Last Report: 05/21/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
4. FEI Number: 65-0098479 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
City & State (23)
City & State (28)
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NECELA, FRANK E. 20896 CIPRES WAY BOCA RATON FL 33433	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 or Sections 617.0502 and 617.1508, 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 familar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	NECELA, FRANK E.	1.2 NAME	
1.3 STREET ADDRESS	20896 CIPRES WAY	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	NECELA, JANET M.	2.2 NAME	
2.3 STREET ADDRESS	20896 CIPRES WAY	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME	Pd. 5/10/95 CK# 5256	5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	RC

14. I do hereby certify that the information supplied with this filing is (certainly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.) I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information submitted is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet M. Necela V. Pres Janet M. Necela 5/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE