

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Garcia B. Martinez
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

DOCUMENT # L78517 (4)

95 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. DIAN FEDAK, P.A., ATTORNEY AT LAW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 State Apt. # etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State Apt. # etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/04/1990		3a. Date of Last Report 04/14/1994	
4. FCI Number 65-0197736		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. This corporation has liability for intangible tax under § 195.002, Florida Statutes ☐ YES ☐ NO	

9. Name and Address of Current Registered Agent ROWE-LINN, PEGGY 324 DATURA ST #140 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: *Peggy Rowe-Linn*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	D FEDAK, K DIAN 324 DATURA ST #140 WEST PALM BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY & STATE 1.5 ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY & STATE 2.5 ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY & STATE 2.5 ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY & STATE 3.5 ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY & STATE 3.5 ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY & STATE 4.5 ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY & STATE 4.5 ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY & STATE 5.5 ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY & STATE 5.5 ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY & STATE 6.5 ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY & STATE 6.5 ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 195.002(b)(6), Florida Statutes. I further certify that the information made public on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the person or persons authorized to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am being added or removed from the report with an address.

SIGNATURE: *K. Dian Fedak* 4/27/95 407/653-7009