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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M14090** (8)

1. Corporate Name
FLORIDA TURF ANALYSTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% MICHAEL J. MOLEND A
7121 BAMBOO STREET
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified **04/16/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. State Apt # etc	26. State Apt # etc	59-2530536	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. ZIP	28. ZIP	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. COUNTY	29. COUNTY	7. The corporation has liability for insurance for officers & directors Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. COUNTY	30. COUNTY		

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOLEND A, MICHAEL J. 7121 BAMBOO STREET MIAMI LAKES FL 33014	B1. Name
	B2. Street Address (P.O. Box Number is Not Acceptable)
	B3. City & State
	B4. ZIP
	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607, 607.01 and 607.0208, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. This 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, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	DP MOLEND A, MICHAEL J. 7121 BAMBOO ST MIAMI LAKES FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add for
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. ZIP		4. ZIP	
5. NAME	D MOLEND A, JEROME A. 1729 CHERRY STREET S. MILWAUKEE WI	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY & STATE		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ZIP		8. ZIP	
9. NAME	V MOLEND A, DAVID 1729 CHERRY ST. S. MILWAUKEE WI	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		10. STREET ADDRESS	
11. CITY & STATE		11. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. ZIP		12. ZIP	
13. NAME	S BRULZ, JANET 1317 MONROE AVE. S. MILWAUKEE WI	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. ZIP		16. ZIP	
17. NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		18. STREET ADDRESS	
19. CITY & STATE		19. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. ZIP		20. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(4)(b), 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 person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of or an addition to an address.

SIGNATURE: *Michael J. Molenda* Michael J. Molenda 5195 305-577-8226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR