

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

95 MAY -1 AM 4:57

DOCUMENT # **M39915** (7)

1. Corporation Name
VICTOR A. SIRBOLA ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **3900 N. FEDERAL HWY LIGHHOUSE POINT FL 33064**
Mailing Address: **3900 N. FEDERAL HWY LIGHHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1986**
3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-2725231**
Applied For: Applied For
Not Applicable: 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**

7. This corporation has liability for intangible tax under s. 199(1)(3), Florida Statutes: Yes No

2. Principal Place of Business	2a. Mailing Address
21 State: FL	26 State: FL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
**SIRBOLA, VICTOR A.
1108 SE 5TH ST
DEERFIELD BCH FL 33441**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.08(2) and 607.19(8) 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 aware of and accept the obligations of Section 607.08(3), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Print Name and Address) Signature of New Registered Agent (Print Name and Address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94	
12.1 NAME: DP SIRBOLA, VICTOR A.	12.2 STREET ADDRESS: 1108 SE 5TH ST DEERFIELD BCH FL	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 CITY: FL		13.2 NAME:	
12.4 STATE: FL		13.3 STREET ADDRESS:	
12.5 ZIP: FL		13.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME:		13.5 TITLE:	
12.7 STREET ADDRESS:		13.6 NAME:	
12.8 CITY, ST, ZIP:		13.7 STREET ADDRESS:	
12.9 NAME:		13.8 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS:		13.9 TITLE:	
12.11 CITY, ST, ZIP:		13.10 NAME:	
12.12 NAME:		13.11 STREET ADDRESS:	
12.13 STREET ADDRESS:		13.12 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 CITY, ST, ZIP:		13.13 TITLE:	
12.15 NAME:		13.14 NAME:	
12.16 STREET ADDRESS:		13.15 STREET ADDRESS:	
12.17 CITY, ST, ZIP:		13.16 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in the first 1991(2) filing, Florida Statutes. 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Victor A. Sirbola* Victor A. Sirbola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95 205-9418396
DATE (Type Here)