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 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M66223** **(2)**

1. Corporation Name

LIAN SERVICES, INC.

Principal Place of Business	Mailing Address
C/O CAREFREE FOOD ENTERPRISES, INC. 775 FENTRESS BLVD. DAYTONA BEACH FL 32114-1213	C/O CAREFREE FOOD ENTERPRISES, INC. 775 FENTRESS BLVD. DAYTONA BEACH FL 32114-1213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1988
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21 1901 Mason Ave
22 Suite, Apt. #, etc: 110
23 City & State: Daytona Bch Fl
24 Zip: 32117
25 County: Volusia

2a. Mailing Address
26 1901 Mason Ave
27 Suite, Apt. #, etc: 110
28 City & State: Daytona Bch Fl
29 Zip: 32117
30 County: Volusia

4. FEI Number: 59-2880670 ☐ 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 has liability for intangible tax (under S. 199.032 Florida Statutes) ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CARREY, HOWARD
775 FEATRESS BLVD
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1901 Mason Ave
83 #110
84 City: Daytona Bch FL 85 Zip Code: 32117

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	CARREY, HOWARD	12 NAME	
STREET ADDRESS	775 FENTRESS BLVD.	13 STREET ADDRESS	1901 Mason Ave #110
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP	Daytona Bch Fl 32117
TITLE	DST	21 TITLE	☑ Change ☐ Addition
NAME	FREIDUS, JR., ELIAS	22 NAME	
STREET ADDRESS	775 FENTRESS BLVD.	23 STREET ADDRESS	1901 Mason Ave #110
CITY-ST-ZIP	DAYTONA BCH FL	24 CITY-ST-ZIP	Daytona Bch Fl 32117
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-28-95 904-274-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006073 CP