

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **M86368** (1)

95 APR 27 PM 2:14

1. Corporation Name
ACQUISITION SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2012 CURRY FORD RD. ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1988	3a. Date of Last Report 04/12/1994
4. FEI Number 59-2895416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FINKBEINER, FRANK G., ESQ.
469 N. ORANGE AVE.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05** Zip Code

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTS	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAINES, HARVEY	12 NAME	12 NAME	
STREET ADDRESS 2012 CURRY FORD RD.	13 STREET ADDRESS	13 STREET ADDRESS	
CITY ST ZIP ORLANDO FL	14 CITY ST ZIP	14 CITY ST ZIP	
TITLE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY ST ZIP	24 CITY ST ZIP	24 CITY ST ZIP	
TITLE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY ST ZIP	34 CITY ST ZIP	34 CITY ST ZIP	
TITLE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY ST ZIP	44 CITY ST ZIP	44 CITY ST ZIP	
TITLE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY ST ZIP	54 CITY ST ZIP	54 CITY ST ZIP	
TITLE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY ST ZIP	64 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 110.07(3)(b), 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 my address.

SIGNATURE: Harvey L. Gaines 4/21/95 407-894-5316
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harvey L. Gaines - President