

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M89465 (2)

1. Corporation Name

FIRST PRESIDENTIAL SERVICE CORP. II



Principal Place of Business

Mailing Address

5250 17TH STREET  
#205  
SARASOTA FL 34235  
US

P.O. BOX 1599  
SARASOTA FL 34231-8599  
US

3. Date Incorporated or Qualified	3a. Date of Last Report
07/13/1988	06/08/1995
4. FEI Number	Applied For
65-0067622	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 201 East Kennedy Blvd.	26 P. O. Box 40210
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 1800	27
City & State	City & State
23 Tampa, Florida	28 St. Petersburg, FL
Zip	Zip
24 33602	29 33743-0210
Country	Country
25 US	30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREWS RONALD K  
5250 17TH STREET  
SUITE #205  
SARASOTA FL 34235

81 Name	Colin D. Anderson
82 Street Address (P.O. Box Number is Not Acceptable)	209 East Kennedy Blvd.
83	
84 City	Tampa, Florida
85 Zip Code	33602

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 607.0503, Florida Statutes.

SIGNATURE

Colin D. Anderson, Vice-President/Treasurer

Signature typed or printed name of officer or director and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEISLAK, LEE	1.2 NAME	Cieslak, Lee
STREET ADDRESS	2100 66TH ST N	1.3 STREET ADDRESS	209 East Kennedy Blvd.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	VTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, COLIN	2.2 NAME	
STREET ADDRESS	2100 66TH ST N	2.3 STREET ADDRESS	209 East Kennedy Blvd.
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRAY, ANN	3.2 NAME	McMurry, Ann
STREET ADDRESS	2100 66TH ST N	3.3 STREET ADDRESS	209 East Kennedy Blvd.
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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:

Colin D. Anderson 4/29/96 813-209-3120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)