

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia H. Mackinnon
Secretary of State
1900 Florida Department of State Building
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002574 (2)**

FLORIDA DIVISION OF THE INTERNATIONAL ASSOCIATION
FOR IDENTIFICATION INC.

1. Principal Place of Business: 1324 NE 179TH STREET N MIAMI BEACH FL 33162
 Mailing Address: 1324 NE 179TH STREET N MIAMI BEACH FL 33162

2. Principal Place of Business: 21 4471 NW 36TH ST MIAMI SPRINGS FL 33166
 Mailing Address: 26 SAME
 State Apt # etc: 22 SUITE 214
 City & State: 23 MIAMI SPRINGS FL
 Zip: 24 33166 Country: 25 U.S.A.

(PLEASE WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 06/01/1993
 3a. Date of Last Report: 06/21/1994
 4. FFI Number: 65-0434452
 Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. Nonprofit with 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under 5-190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
 BRAYNT, KAREN
 964 GLENVIEW CIR.
 WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent:
 B1 Name: WILLIAM H. MC QUAY
 B2 Street Address (P.O. Box Number is Not Acceptable): 4471 NW 36TH ST
 B3 SUITE 214
 B4 City: MIAMI SPRINGS FL B5 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0501 and 607.1509, Florida Statutes, the above named corporation submits the 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: *William H. McQuay* WILLIAM H. MC QUAY SEC/TREAS 4-30-95

12. OFFICERS AND DIRECTORS

12.1 TITLE: P	12.2 NAME: SHOFF, JULIE	12.3 STREET ADDRESS: 555 SE 1ST AVE.	12.4 CITY, ST, ZIP: FT. LAUDERDALE FL
12.1 TITLE: D	12.2 NAME: SEEZBACH, JOYCE	12.3 STREET ADDRESS: 555 11TH ST. W.	12.4 CITY, ST, ZIP: BRADENDON FL
12.1 TITLE: D	12.2 NAME: FERTGUS, RONALD	12.3 STREET ADDRESS: 774 MCSWAIN RD.	12.4 CITY, ST, ZIP: FERNANDINA BCH. FL
12.1 TITLE: D	12.2 NAME: MULLINS, JAY	12.3 STREET ADDRESS: 3228 GUN CLUB RD.	12.4 CITY, ST, ZIP: W. PALM BCH. FL
12.1 TITLE:	12.2 NAME:	12.3 STREET ADDRESS:	12.4 CITY, ST, ZIP:
12.1 TITLE:	12.2 NAME:	12.3 STREET ADDRESS:	12.4 CITY, ST, ZIP:

13. ADDRESSES CHANGED TO OFFICERS AND DIRECTORS (P. 12)

13.1 TITLE: P	13.2 NAME: FRANK SHONBERGER	13.3 STREET ADDRESS: 400 NW 2ND AVE	13.4 CITY, ST, ZIP: MIAMI, FLA 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE: V	13.2 NAME: THOMAS FADOL	13.3 STREET ADDRESS: 9105 NW 25TH ST RM 2175	13.4 CITY, ST, ZIP: MIAMI FLA 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE: S/T	13.2 NAME: WILLIAM H. MC QUAY	13.3 STREET ADDRESS: 4471 NW 36th ST. #214	13.4 CITY, ST, ZIP: MIAMI SPRINGS, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE: C	13.2 NAME: JULIE SHOFF	13.3 STREET ADDRESS: 555 S E. 1ST AVE	13.4 CITY, ST, ZIP: FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE: D	13.2 NAME: JAN JOHNSON	13.3 STREET ADDRESS: 160 GOVERNMENT CENTER	13.4 CITY, ST, ZIP: PENNSACOLA, FLA 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.1 TITLE: D	13.2 NAME: ROGER HAINKES	13.3 STREET ADDRESS: 234 EAST 7TH AVE	13.4 CITY, ST, ZIP: TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that, not only for the incorporation filed on this date but also for the 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 this corporation or the receiver of business represented to incorporate this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or as an addressee with an address.

SIGNATURE: *William H. McQuay* WILLIAM H. MC QUAY 4-30-95 305-885-2662