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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26808 (6)
1. Corporation Name
SERVICES FOR YOU, INC.

Principal Place of Business 800 SECOND AVENUE DES MOINES IA 50309	Mailing Address 800 SECOND AVENUE DES MOINES IA 50309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/01/1989	3a. Date of Last Report 04/21/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 42-1340321	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name	FL 85 Zip Code
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	

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 transferring) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME THURSTON, STANLEY G	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 800 SECOND AVENUE		1.2 NAME	
CITY - ST - ZIP DES MOINES IA		1.3 STREET ADDRESS	
TITLE S	NAME STRUTT, DAVID S.	2.1 TITLE SR VP/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 800 SECOND AVENUE		2.2 NAME HOOVER, STEVE	
CITY - ST - ZIP DES MOINES IA		2.3 STREET ADDRESS 800 SECOND AVE	
TITLE T	NAME NEIS, ARTHUR V.	2.4 CITY - ST - ZIP DES MOINES, IA 50309	
STREET ADDRESS 800 SECOND AVENUE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP DES MOINES IA		3.2 NAME	
TITLE D	NAME WEITZ, FRED W.	3.3 STREET ADDRESS	
STREET ADDRESS 800 SECOND AVENUE	DELETE	3.4 CITY - ST - ZIP	
CITY - ST - ZIP DES MOINES IA		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	NAME KENNY, EDWARD, R	4.2 NAME	
STREET ADDRESS 800 SECOND AVE		4.3 STREET ADDRESS	
CITY - ST - ZIP DES MOINES IA		4.4 CITY - ST - ZIP	
TITLE D	NAME MARTIN, JOSEPH, A	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 800 SECOND AVE		5.2 NAME	
CITY - ST - ZIP DES MOINES IA		5.3 STREET ADDRESS	
TITLE D	NAME HARRISON, MARY	5.4 CITY - ST - ZIP	
STREET ADDRESS 800 SECOND AVE		6.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP DES MOINES IA		6.2 NAME	
		6.3 STREET ADDRESS 800 SECOND AVE	
		6.4 CITY - ST - ZIP DES MOINES, IA 50309	

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)(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 an address.

SIGNATURE: Arthur V. Neis **ARTHUR V. NEIS** 5/1/95 515-245-7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR