

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:24

DOCUMENT # P 30924

1. Corporation Name

POS Acquisition, Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. Box 2839  
Ft Pierce, FL  
34954

P.O. Box 2839  
Ft. Pierce FL  
34954

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		9/11/1990	06/06/94
22. Suite, Apt. #, etc		27. Suite, Apt. #, etc		4. FEI Number	Applied For
				65-0217469	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country		30. Country		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S 199.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Enterline, Jack J  
1007 Poinsettia Drive  
Ft. Pierce, FL 34950

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	1010 Grandview Blvd
83.	
84. City	FL 85. Zip Code
Ft. Pierce	34982

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 family with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE:

Signature (Name of present name of registered agent or the 2 agent)

Signature (Name of new registered agent or the 2 agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enterline, Jack J	12. NAME	
STREET ADDRESS	600 NW Peacock Blvd #3	13. STREET ADDRESS	500001478995
CITY, ST, ZIP	Port St. Lucie, FL	14. CITY, ST, ZIP	-05/08/95--01056--010
TITLE	VC	2.1 TITLE	****200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldsbury, Timothy E	2. NAME	
STREET ADDRESS	600 NW Peacock Blvd #3	2.3 STREET ADDRESS	
CITY, ST, ZIP	Port St. Lucie, FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wellington R. Byrd Jr	3.2 NAME	
STREET ADDRESS	600 NW Peacock Blvd #3	3.3 STREET ADDRESS	
CITY, ST, ZIP	Port St. Lucie FL	3.4 CITY, ST, ZIP	
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(2)(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. 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 of this report, or is an attached agent or director.

SIGNATURE:

*Jack J. Enterline*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95  
DATE

*SLW*  
DATE