

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010611 (1)

1. Corporation Name
PASADENA FAMILY MOBL. INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
13770 58TH STREET NORTH 13770 58TH STREET NORTH
SUITE 303 SUITE 303
CLEARWATER FL 34620 CLEARWATER FL 34620

3. Date incorporated or Qualified 3a. Date of Last Report
12/10/1992 02/23/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3155847		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SKALSKI, JOSEPH C 13770 58TH STREET NORTH SUITE 303 CLEARWATER FL 34620				81 Name			
				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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS GOULD, LINDA	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	556 LILLIAN DRIVE	2. NAME	
STREET ADDRESS	MADEIRA BEACH FL	3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	VTD GOULD, LINDA	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	556 LILLIAN DRIVE	6. NAME	
STREET ADDRESS	MADEIRA BEACH FL	7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information furnished with this report 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 in 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 of this report on an attachment with an address.

SIGNATURE: *Linda Gould* 813-347-9087