FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011985 (8)**

1. Corporate Name

F.I. PROFESSIONAL ENTERPRISES, CORP.

Principal Place of Business
P.O. BOX 5189
DELTONA FL 32728
US

Mailing Address
P.O. BOX 5189
DELTONA FL 32728
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-3158386 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FILIPEK, MARCOS
1500 HERNDON AVE
DELTONA FL 32725

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 Zip Code

11. Pursuant to the provisions of Section 607.0505 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	FILIPEK, ROBERTO
STREET ADDRESS	1500 HERNDON AVE
CITY, ST, ZIP	DELTONA FL
TITLE	T
NAME	NIEVES, SONIA
STREET ADDRESS	1500 HERNDON AVE
CITY, ST, ZIP	DELTONA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 19

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve the same legal effect as if made under oath; that I am a director or officer 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 on an attached amendment, or my name is otherwise entered in the records of the corporation.

SIGNATURE: 4/26/95 (407) 574-3704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0414591 FP