

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

SECRETARIAL CENTER, INC.
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
SECRETARY OF STATE

APPROVED
AND
FILED

95 MAR -1 PH 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024594 (2)

BOCA SECRETARIAL CENTER, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business SUITE 210 4400 NORTH FEDERAL HWY BOCA RATON FL 33431	Mailing Address SUITE 210 4400 NORTH FEDERAL HWY BOCA RATON FL 33431
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3. Date Incorporated or Qualified 04/01/1993	3a. Date of Last Report 03/22/1994
4. FEI Number 65-0406167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 changing) DATE: _____

12. OFFICERS AND DIRECTORS

NAME	D LAGUMINA, LORETTA
STREET ADDRESS	1603 ABACO DRIVE #M-4
CITY-ST-ZIP	COCONUT CREEK FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied fully this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 19.07(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. 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 as an attachment with an address.

SIGNATURE: *Loretta Lagumina* 4/24/95 407-394-6314
INDICATE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR