

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 28 AM 10: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000034558 (5)**

1. Corporation Name:

**MONEY MAILER OF WEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

**4012 GUNN HIGHWAY  
SUITE 120  
TAMPA FL 33624**

**4012 GUNN HIGHWAY  
SUITE 120  
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/10/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3177800</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. 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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELUCA, JUDITH A  
4012 GUNN HIGHWAY  
SUITE 120  
TAMPA FL 33624**

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

(Signature of agent or printed name of registered agent and title of agent)

(NOTE: Registered Agent signature required when constituting)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	D DELUCA, JUDITH A 4012 GUNN HIGHWAY, SUITE 120 TAMPA FL 33624	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<i>Sally Treas</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DELUCA, ROBERT J 4012 GUNN HIGHWAY, SUITE 120 TAMPA FL 33624	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<i>Aut</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed true and qualify for the exemption stated in Section 119.02(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 of this report, or on an amendment with an address.

SIGNATURE:

*Judith A. Deluca*  
\_\_\_\_\_  
JUDITH A. DELUCA  
JUDITH A. DELUCA

4/20/95 813-968-1108  
(DATE) (PHONE NUMBER)