

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jennifer B. Matham
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED

95 MAY 11 AM 9:30

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058898 (6)**

FLORIDA FINANCIAL SERVICES OF ST. LUCIE COUNTY, INC.

Principal Place of Business
481 SW PORT ST LUCIE BLVD
PORT ST. LUCIE FL 34953

Main Office Address
481 SW PORT ST LUCIE BLVD.
PORT ST. LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/17/1993**
3a. Date of Last Report: **05/11/1994**

2. Principal Place of Business

21. **536 SW Aster RD**

2b. Mailing Address

26. **536 SW Aster RD**

4. FET Number
65-0432249

Applied For
 Not Applicable

22. City & State

23. **St Lucie, FL**

27. City & State

28. **St Lucie, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. **34953**

25. **St Lucie**

29. **34953**

30. **St Lucie**

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

9. Name and Address of Current Registered Agent

**PHILIPP, MARK E
481 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953**

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
536 SW Aster RD
03.
04. City **St Lucie** FL 05. Zip Code **34953**

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

Mark E. Philipp

Mark E. Philipp, Pres. 4/28/95

12. OFFICERS AND DIRECTORS

12.1 TITLE	D
12.2 NAME	PHILIPP, MARK E
12.3 STREET ADDRESS	481 SW PORT ST. LUCIE BLVD.
12.4 CITY, ST. ZIP	PORT ST. LUCIE FL 34953
12.5 TITLE	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST. ZIP	
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST. ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	536 SW Aster RD
13.4 CITY, ST. ZIP	Port St Lucie, FL 34953
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST. ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST. ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I do not qualify for the exemption stated in Section 191.01(1)(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 entitled to change the information on the face or back hereof or to have my name removed therefrom as required by Chapter 607, Florida Statutes, and that my name appears in the 4-12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Mark E. Philipp
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR
Mark E. Philipp, Pres.

4/28/95 (407) 879-4846