

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 JUN 95 11 09:14

DOCUMENT # P93000060395 (9)

1. Corporation Name
FRANK M. SLEVINSKI & ASSOCIATES, INC.

Principal Place of Business Mailing Address
127 WANDERING TRAIL 127 WANDERING TRAIL
JUPITER FL 33458 JUPITER FL 33458

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suits, Apt. #, etc.		26 Suits, Apt. #, etc.		08/25/1993	06/13/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0427125	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	<input type="checkbox"/>
26 Country		31 Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27 Country		32 Country		<input type="checkbox"/>	<input type="checkbox"/>
28 Country		33 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29 Country		34 Country		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SLEVINSKI, FRANK M
127 WANDERING TRAIL
JUPITER FL 33458

10. Name and Address of New Registered Agent
 81 Name **SLEVINSKI CONNIE M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **127 WANDERING TR.**
 84 City **JUPITER** FL 85 Zip Code **33458**

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 *Connie M Slevinski* **CONNIE M SLEVINSKI** **6-12-95**
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLEVINSKI, FRANK M	1.2 NAME	SLEVINSKI CONNIE M.
STREET ADDRESS	127 WANDERING TRAIL	1.3 STREET ADDRESS	127 WANDERING TR.
CITY - ST - ZIP	JUPITER FL 33458	1.4 CITY - ST - ZIP	JUPITER, FL. 33458
TITLE		2.1 TITLE	GENERAL MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	SLEVINSKI FRANK M.
STREET ADDRESS		2.3 STREET ADDRESS	127 WANDERING TR.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	JUPITER, FL. 33458
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Connie M Slevinski* **CONNIE M SLEVINSKI** **6-12-95** **407 743-7137**
Signature and typed or printed name of signing officer or director Date Telephone #

CR2E034 (3/95)