

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000015425 (9)

1. Corporation Name
MEGAFACS SERVICES, INC.

"COPY"



Principal Place of Business Mailing Address
251 SO. STATE ROAD 7 PLANTATION FL 33317

3. Date Incorporated or Qualified 02/22/1994
4. FEI Number 65-0466649
5. Certificate of Status Fee Paid \$8.75 Additional Fee Required
6. Election Corporation Income and Trust Fund Credit election
8. This corporation has liability for intangible tax under s. 199.02, Florida Statutes. Yes No

21	2a	26	27	28	29	30
2. Principal Place of Business	2a. Mailing Address	26. Suite, Apt. #, etc	27. City & State	28. Zip	29. Country	30. Country

9. Name and Address of Current Registered Agent
ISHMAEL, E. ERIC
251 SO. STATE ROAD 7
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Accepted)
83
84 City
85 Zip Code

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 agent 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 agree familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and holding agent

12. OFFICERS AND DIRECTORS		13. AGENTS	
TITLE	PVTS	1. TITLE	
NAME	ISHMAEL, E. ERIC	12. NAME	
STREET ADDRESS	251 SO. STATE ROAD 7	13. STREET ADDRESS	
CITY-SI-ZIP	PLANTATION FL 33317	14. CITY-SI-ZIP	
TITLE	D	2. TITLE	
NAME	ISHMAEL, E. ERIC	22. NAME	
STREET ADDRESS	251 SO. STATE ROAD 7	23. STREET ADDRESS	
CITY-SI-ZIP	PLANTATION FL 33317	24. CITY-SI-ZIP	
TITLE		3. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-SI-ZIP		34. CITY-SI-ZIP	
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-SI-ZIP		44. CITY-SI-ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-SI-ZIP		54. CITY-SI-ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-SI-ZIP		64. CITY-SI-ZIP	

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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(9)(a), Florida Statutes. I hereby 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Eric Ismael* ERIC ISMAEL 3446 9th. 583-1312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR