

**CORPORATION
ANNUAL REPORT
1995**



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

P. 02

APPROVED
AND
FILED

95 MAY -1 AM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400001930.9

1. Corporation Name

Ross Transfer Services, INC

Principal Place of Business

1106 NW 180 Ave
Pembroke Pines, FL
33029

Mailing Address

1106 NW 180 Ave
Pembroke Pines, FL
33029

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified 3-11-94 6a. Date of Last Report

2 Principal Place of Business

21 7209 NW 106 ST.

2b. Mailing Address 40

26 5710 Hollywood Blvd

4. FEI Number

65-0473585

Applied For

NOT APPLICABLE

State Apt. #, etc

State Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

23 Medley, FL

City & State

28 Hollywood, FL

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

Zip

24 33178

Country

25 US

Zip

29 33021

Country

30 US

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

9. Name and Address of Current Registered Agent

Lorraine Ross
1106 NW 180th Avenue
Pembroke Pines, FL 33029

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered agent signatures required when transferring.

DATE

12 OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LORRAINE ROSS
STREET ADDRESS	1106 NW 180th Avenue
CITY, ST, ZIP	Pembroke Pines, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	700001504237
4. CITY, ST, ZIP	-05/02/95--01018--013
5. TITLE	***225.80 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information submitted 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: *Lorraine Ross*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
LORRAINE ROSS

5-1-95
Date Decline Phone #

REMITTED BY WAY 1