

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000019341 (4)**

1. Corporation Name

**SEROVEY CONSULTING SERVICES, INC.**



Principal Place of Business

Mailing Address

**1524 THISTLEDOWN DRIVE  
BRANDON FL 33510**

**1524 THISTLEDOWN DRIVE  
BRANDON FL 33510**

3. Date Incorporated or Qualified

**03/09/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REEDY, MICHAEL CPA  
2130 W. BRANDON BLVD.  
STE. 202  
BRANDON FL 33511**

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 607.0507 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 registered agent or officer of the corporation)

(Signature of Registered Agent (signature required when resigning))

DATE \_\_\_\_\_

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>TITLE: <b>D</b> <input type="checkbox"/> DELETE</p> <p>NAME: <b>SEROVEY, STEVEN R</b></p> <p>STREET ADDRESS: <b>1524 THISTLEDOWN DRIVE</b></p> <p>CITY, ST, ZIP: <b>BRANDON FL 33510</b></p>	<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY, ST, ZIP</p>
<p>TITLE: <input type="checkbox"/> DELETE</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY, ST, ZIP:</p>	<p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY, ST, ZIP</p>
<p>TITLE: <input type="checkbox"/> DELETE</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY, ST, ZIP:</p>	<p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY, ST, ZIP</p>
<p>TITLE: <input type="checkbox"/> DELETE</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY, ST, ZIP:</p>	<p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY, ST, ZIP</p>
<p>TITLE: <input type="checkbox"/> DELETE</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY, ST, ZIP:</p>	<p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY, ST, ZIP</p>
<p>TITLE: <input type="checkbox"/> DELETE</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY, ST, ZIP:</p>	<p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY, ST, ZIP</p>

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: \_\_\_\_\_

(Signature and Typed or Printed Name of Signing Officer or Director)

**STEVEN R. SEROVEY**

**2/2/96**

Date

**(813) 654-0287**

Telephone #

CR2E034 (12/95)