FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB -3 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030552 (1)

1. Corporation Name

STENTON LEIGH FINANCIAL SERVICES CORP.

Principal Place of Business	Mailing Address
2650 MILITARY TRAIL ~~SUITE 200~~ BOCA RATON FL 33431	2650 MILITARY TRAIL ~~SUITE 200~~ BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2650 N. MILITARY TR
Suite, Apt. #, etc. 22: #230
City & State 23: BOCA RATON, FL.
Zip 24: 33431 Country 25: USA

2a. Mailing Address
26: 2650 N. MILITARY TR
Suite, Apt. #, etc. 27: #230
City & State 28:
Zip 29: Country 30:

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

BARBAROSH, MILTON H
2650 MILITARY TRAIL
SUITE 200
BOCA RATON FL 33431

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 607.1508, 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: Milton H. Barbarosh 1/9/95
Signature, typed or printed name of registered agent and title if applicable (REQUIRED when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		[ ] Change [ ] Addition
NAME	BARBAROSH, MILTON H	12 NAME		
STREET ADDRESS	2650 MILITARY TRAIL, SUITE 250	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		[ ] Change [ ] Addition
NAME	SUPPO, HOWARD	22 NAME		
STREET ADDRESS	17962 FOXBOROUGH LANE	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		[ ] Change [ ] Addition
NAME	JUILLERAT, LYNN	32 NAME		
STREET ADDRESS	2650 MILITARY TRAIL, SUITE 250	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	34 CITY-ST-ZIP		
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	A213	

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

SIGNATURE: Lynn Juillerat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lynn Juillerat DIRECTOR

1/10/95 Date

407-241-9924 Daytime Phone #

0250020 CP