FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SUNDRA H. MORSE
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034299 (5)**

1. Corporate Name
DETZER AGENCY, INC.

Principal Place of Business
1501 R. J. CONLAN BLVD NE #1
PALM BAY FL 32905-3559

Mailing Address
1501 R. J. CONLAN BLVD NE #1
PALM BAY FL 32905-3559

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

4. FEI Number: 59-3240912 — Applied For / Not Applicable

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

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

8. Has corporation been lately for changes to be made to Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
LANFORD, J. SCOTT
3125 W NEW HAVEN AVE #200
MELBOURNE FL 32904

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 Section 607.0505 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or resident 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARRIER, ARLEN I
ADDRESS	1020 ABABA CT APT 102
CITY, ST, ZIP	PALM BAY FL 32905
TITLE	P
NAME	DETZER, Lucille M.
ADDRESS	2411 Lakes of Melbourne Dr
CITY, ST, ZIP	W Melbourne FL 32904-9161

13. ADDITIONAL CHANGES TO BE MADE (ATTACH ADDITIONAL SHEET IF NEEDED)

TITLE		[X] Delete [ ] Add
NAME	Delete	
ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Delete [X] Add
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Delete [ ] Add
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Delete [ ] Add
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CITY, ST, ZIP		
TITLE		[ ] Delete [ ] Add
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Delete [ ] Add
NAME		
ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report, including any changes, is true and complete to the best of my knowledge and belief. I further certify that I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached sheet with any changes noted with an asterisk.

SIGNATURE: Lucille M. Detzer /Lucille M. Detzer — 4-30-95 — (407) 676-3751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0410001 FP