

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Gandra H. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 AUG -9 PM 2:25

DOCUMENT # P94000050041 (0)

1. Corporation Name
FOREIGN TRADE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1700 WOODBURY RD.
SUITE 1304
ORLANDO FL 32828

Mailing Address
1700 WOODBURY RD.
SUITE 1304
ORLANDO FL 32828

3. Date Incorporated or Qualified: **07/06/1994**
3a. Date of Last Report: **MIA**

2. Principal Place of Business
21 **256 FAIRWAY POINTE CIR**
2a. Mailing Address
26 **256 FAIRWAY POINTE CIR**

4. FEI Number: **59 327 1879**
Applied For: Not Applicable

Suite, Apt. #, etc.
22
27

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State
23 **ORLANDO FL.**
20 **ORLANDO FL.**

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

Zip: **32828** Country: **USA**
24 **32828** 25 **ORLANDO** 29 **32828** 30 **USA**

8. This corporation has liability for intangible tax (under s. 199.032 Florida Statutes): Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMCHUK, GARY
1700 WOODBURY RD.
SUITE 1304
ORLANDO FL 32828

81 Name: **LAURA KOLBE**
82 Street Address (P.O. Box Number is Not Acceptable): **256 FAIRWAY POINTE CIR.**
83
84 City: **ORLANDO** FL 85 Zip Code: **32828**

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

[Signature]

(NOTE: Registered Agent signature required when re-registering)

7/15/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	TOMCHUK, GARY
STREET ADDRESS	1700 WOODBURY RD., SUITE 1304
CITY - ST - ZIP	ORLANDO FL 32828
TITLE	D
NAME	KOLBE, LAURA
STREET ADDRESS	C/O 1700 WOODBURY RD., SUITE 1304
CITY - ST - ZIP	ORLANDO FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REMOVE.
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOLBE, LAURA
2.3 STREET ADDRESS	256 FAIRWAY POINTE CIR
2.4 CITY - ST - ZIP	ORLANDO FL 32828
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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

[Signature]

July 31/95

DATE

(607) 381-7709

DAY/PHONE #

CR2E034 (3/95)