

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

REGISTRATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER A. MURPHY
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

STAMPED: MAY 15 1995

DOCUMENT # P94000055253 (6)

CAPITAL SERVICES OF SOUTH FLORIDA, INC.

7154 N UNIVERSITY DR
SUITE 250
FT LAUDERDALE FL 33179

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SUITE 250
FT LAUDERDALE FL 33179

2	2a. Mailing Address	3. Date of Report (Month/Day/Year)	3a. Date of Report
21	26	07/26/1994	
22	27	4. Filing Fee	Applied For / Not Applicable
23	28	5. Contribution of Individual Agent	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	30	8. The Corporation has been in existence since 1/1/94	Considered Active / Inactive

9. Name and Address of Current Registered Agent

THEISE, RAE
7154 N UNIVERSITY DR
SUITE 250
FT LAUDERDALE FL 33179

10. Name and Address of New Registered Agent

81	Name	
82	Street Address	
83		
84	City	FL
85	State	

11. I, the undersigned, do hereby certify that I am a resident of the State of Florida and that I am the duly authorized representative of the Corporation for the purpose of filing this report with the Department of State. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

Signature: RAE THEISE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
1. NAME THEISE, RAE 7154 N UNIVERSITY DR SUITE 250 FT LAUDERDALE FL 33179	1. NAME [Change] [Addition]
2. NAME	2. NAME [Change] [Addition]
3. NAME	3. NAME [Change] [Addition]
4. NAME	4. NAME [Change] [Addition]
5. NAME	5. NAME [Change] [Addition]
6. NAME	6. NAME [Change] [Addition]
7. NAME	7. NAME [Change] [Addition]
8. NAME	8. NAME [Change] [Addition]
9. NAME	9. NAME [Change] [Addition]
10. NAME	10. NAME [Change] [Addition]
11. NAME	11. NAME [Change] [Addition]
12. NAME	12. NAME [Change] [Addition]
13. NAME	13. NAME [Change] [Addition]
14. NAME	14. NAME [Change] [Addition]
15. NAME	15. NAME [Change] [Addition]
16. NAME	16. NAME [Change] [Addition]
17. NAME	17. NAME [Change] [Addition]
18. NAME	18. NAME [Change] [Addition]
19. NAME	19. NAME [Change] [Addition]
20. NAME	20. NAME [Change] [Addition]

14. I, the undersigned, do hereby certify that I am a resident of the State of Florida and that I am the duly authorized representative of the Corporation for the purpose of filing this report with the Department of State. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: Rae Theise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 305-344-0202