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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAR 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000066973 (6)**

1. Corporation Name

JIM LAFRAMBOISE SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1605 US HWY 1 #8C JUPITER FL 33477	1605 US HWY 1 #8C JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1994 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 748 Gloucester St	26 748 Gloucester St
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Boca Raton Fl.	City & State 28 Boca Raton Fl
Zip 24 33487	Zip 29 33487
Country 25 West Palm	Country 30 West Palm

4. FEI Number: 65-0518387 | 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. This corporation has liability for intangible tax under S. 199.042, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

WOLFE, HAROLD E JR.
2300 PALM BEACH LAKES BLVD
SUITE 302
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City — FL — 05 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, type or print name of registered agent, and title if applicable) (If changing registered agent, signature of registered agent required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.		
TITLE	PD	1 TITLE	President	X Change [ ] Add/Del
NAME	LAFRAMBOISE, JAMES J	2 NAME	LAFRAMBOISE, JAMES J.	
STREET ADDRESS	1605 US HWY 1 #8C	3 STREET ADDRESS	748 Gloucester St.	
CITY ST ZIP	JUPITER FL 33477	4 CITY ST ZIP	Boca Raton Fl. 33487	
TITLE	TD	7 TITLE	Treasurer	X Change [ ] Add/Del
NAME	LAFRAMBOISE, NOREEN H	8 NAME	LAFRAMBOISE, Noreen H	
STREET ADDRESS	1605 US HWY 1 #8C	9 STREET ADDRESS	748 Gloucester St.	
CITY ST ZIP	JUPITER FL 33477	10 CITY ST ZIP	Boca Raton Fl 33487	
TITLE	VSD	11 TITLE	VSD	X Change [ ] Add/Del
NAME	HIGGINS, JACQUELINE A	12 NAME	Higgins, Jacqueline A	
STREET ADDRESS	1605 US HWY 1 #8C	13 STREET ADDRESS	748 Gloucester St.	
CITY ST ZIP	JUPITER FL 33477	14 CITY ST ZIP	Boca Raton Fl 33487	
TITLE		15 TITLE	Director	X Change X Add/Del
NAME		16 NAME	LAFRAMBOISE, Timothy J.	
STREET ADDRESS		17 STREET ADDRESS	9313 Winsor Dr	
CITY ST ZIP		18 CITY ST ZIP	Matthews, NC 28105	
TITLE		19 TITLE	Director	[ ] Change X Add/Del
NAME		20 NAME	Harris, Lisa M	
STREET ADDRESS		21 STREET ADDRESS	10211 Saginaw Ct. NW	
CITY ST ZIP		22 CITY ST ZIP	Silverdale, WA 98383	
TITLE		23 TITLE		[ ] Change [ ] Add/Del
NAME		24 NAME		
STREET ADDRESS		25 STREET ADDRESS		
CITY ST ZIP		26 CITY ST ZIP		

AH 2/23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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, upon request of the Department, I will submit the required fee. I further certify 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: Noreen H Laframboise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95 407 848 7794
DATE