

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

DOCUMENT # P94000075468 (6)

1. Corporation Name

FEJNEK CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6860 GULFPORT BLVD SOUTH #24K  
ST PETERSBURG FL 33707

Mailing Address

6860 GULFPORT BLVD SOUTH #24K  
ST PETERSBURG FL 33707

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |                                                                         |  |                                |  |
|--------------------------------|--|---------------------|--|-------------------------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date of Incorporation or Qualification                               |  | 3a. Date of Last Report        |  |
| 21 1342 E. Vine St.            |  | 26 1342 E. Vine     |  | 10/12/1994                                                              |  | 59-3273234                     |  |
| 22 State Apt. #                |  | 27 State Apt. #     |  | 4. FFL Number                                                           |  | Applied For                    |  |
| 23 Kissimmee FL                |  | 28 Kissimmee FL     |  | 59-3273234                                                              |  | Not Applicable                 |  |
| 24 34743                       |  | 29 34743            |  | 5. Certificate of Status Desired                                        |  | \$8.75 Additional Fee Required |  |
| 25 USA                         |  | 30 USA              |  | 6. Election Campaign Financing                                          |  | \$5.00 May Be Added to Fees    |  |
|                                |  |                     |  | 7. Election Campaign Financing                                          |  | Added to Fees                  |  |
|                                |  |                     |  | 8. The corporation complies with the provisions of the Florida Statutes |  | Yes No                         |  |

9. Name and Address of Current Registered Agent

GORDON, KENNETH A  
6860 GULFPORT BLVD SOUTH #24K  
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name Elizabeth T. Crawford  
82 Street Address (P.O. Box Number is Not Acceptable) 6830 Central Ave. Ste. B  
83  
84 City St. Petersburg FL 85 Zip 33707

11. Pursuant to the provisions of law, rules, regulations and Florida Statutes, the undersigned corporation submits the statement for this purpose of changing its registered office or registered agent, for filing in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with the provisions of the Florida Statutes and the Florida Regulations.

SIGNATURE

Elizabeth T. Crawford

4/11/95

| 12. OFFICERS AND DIRECTORS |                                                                           | 13. ADVERTISING, CHANGES TO OFFICERS AND DIRECTORS |  |
|----------------------------|---------------------------------------------------------------------------|----------------------------------------------------|--|
| NAME                       | President Secretary Kenneth A. Gordon 2502 Rocky Point Dr. Tampa FL 33607 | NAME                                               |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                     |  |
| CITY                       |                                                                           | CITY                                               |  |
| STATE                      |                                                                           | STATE                                              |  |
| ZIP                        |                                                                           | ZIP                                                |  |
| NAME                       |                                                                           | NAME                                               |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                     |  |
| CITY                       |                                                                           | CITY                                               |  |
| STATE                      |                                                                           | STATE                                              |  |
| ZIP                        |                                                                           | ZIP                                                |  |
| NAME                       |                                                                           | NAME                                               |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                     |  |
| CITY                       |                                                                           | CITY                                               |  |
| STATE                      |                                                                           | STATE                                              |  |
| ZIP                        |                                                                           | ZIP                                                |  |
| NAME                       |                                                                           | NAME                                               |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                     |  |
| CITY                       |                                                                           | CITY                                               |  |
| STATE                      |                                                                           | STATE                                              |  |
| ZIP                        |                                                                           | ZIP                                                |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law, rules, regulations and Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that any separate shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or that I am authorized to make the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, as an officer or director with an address.

SIGNATURE:

Kenneth A. Gordon  
Kenneth A. Gordon  
Readout

4-11-95 815-7674007