

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000081346 (6)**

1. Corporation Name
AURELIUS ENTERPRISES, INC.

APPROVED
AND
FILED
95 APR 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5745 AVENIDA ROBLEDAL
PENSACOLA FL 32504**

Mailing Address
**5745 AVENIDA ROBLEDAL
PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/31/1994

3a. Date of Last Report
N/A

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

4. FEI Number
59-3296724

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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MOORE, ROBERT T
5745 AVENIDA ROBLEDAL
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE: **PRESIDENT**
NAME: **ROBERT T. MOORE**
STREET ADDRESS: **5745 AVENIDA ROBLEDAL**
CITY, ST, ZIP: **PENSACOLA, FL 32504**

TITLE: **Vice President RTM**
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **300001459303**
1.3 STREET ADDRESS **-04/18/95--01089--019**
1.4 CITY, ST, ZIP *****200.00 ***200.00**

2.1 TITLE Change Addition
2.2 NAME **Vice President/Treasurer**
2.3 STREET ADDRESS **Starr H. Moore**
2.4 CITY, ST, ZIP **5745 Avenida Robledal
Pensacola FL 32504**

3.1 TITLE Change Addition
3.2 NAME **Secretary**
3.3 STREET ADDRESS **Kathleen E. Moore**
3.4 CITY, ST, ZIP **5745 Avenida Robledal
Pensacola FL 32504**

4.1 TITLE Change Addition
4.2 NAME **Treasurer**
4.3 STREET ADDRESS **Starr H. Moore**
4.4 CITY, ST, ZIP **5745 Avenida Robledal
Pensacola, FL 32504**

5.1 TITLE Change Addition
5.2 NAME _____
5.3 STREET ADDRESS _____
5.4 CITY, ST, ZIP _____

6.1 TITLE Change Addition
6.2 NAME _____
6.3 STREET ADDRESS _____
6.4 CITY, ST, ZIP _____

4/17/95 RMST

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 119.07(3)(k), 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: Robert T. Moore ROBERT T. MOORE 15 March 1995 (904) 484-8732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR