

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000051900 (5)**

1. Corporation Name
FMO CONVERSION SERVICES, INC.



Principal Place of Business: **4020 PORTSMOUTH ROAD LARGO FL 34641**
Mailing Address: **P.O. BOX 5350 LARGO FL 34649**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1995	3a. Date of Last Report Initial Report
21		26		4. FEI Number 59-3325179	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POZGAY, MARTIN 4020 PORTSMOUTH ROAD LARGO FL 34641				81. Name	Martin T. Pozgay		
				82. Street Address (P.O. Box Number is Not Acceptable)	4020 Portsmouth Road		
				83.			
				84. City	Largo	FL	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 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title, if any. (NOTE: Registered Agent Signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin T. Pozgay	2. NAME	
STREET ADDRESS	4020 Portsmouth Road	13. STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 34641	14. CITY-ST-ZIP	
TITLE	Secretary/Treasurer/Director <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edmund Duperry	22. NAME	
STREET ADDRESS	4020 Portsmouth Road	23. STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 34641	24. CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Moyer	32. NAME	
STREET ADDRESS	4020 Portsmouth Road	33. STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 34641	34. CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elsie McGregor	42. NAME	
STREET ADDRESS	4020 Portsmouth Road	43. STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 34641	44. CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charity Cicardo	52. NAME	
STREET ADDRESS	4020 Portsmouth Road	53. STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 34641	54. CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Moyer	62. NAME	
STREET ADDRESS	4020 Portsmouth Road	63. STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 34641	64. 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 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 Blocks 13 if proposed, or on an attachment with an address.

SIGNATURE: *M. Pozgay* **President** **4/12/96** **(813)530-7539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)