

**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 <b>07/01/1995</b>	3a. Date of Last Report <b>Initial Report</b>
21		26		4. FEI Number <b>59-3325179</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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			
<b>POZGAY, MARTIN 4020 PORTSMOUTH ROAD LARGO FL 34641</b>				81. Name	<b>Martin T. Pozgay</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>4020 Portsmouth Road</b>		
				83.			
				84. City	<b>Largo</b>	85. Zip Code	<b>FL 34641</b>

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	<b>President</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Martin T. Pozgay</b>	2. NAME	
STREET ADDRESS	<b>4020 Portsmouth Road</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>Largo, FL 34641</b>	14. CITY - ST - ZIP	
TITLE	<b>Secretary/Treasurer/Director</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Edmund Duperry</b>	22. NAME	
STREET ADDRESS	<b>4020 Portsmouth Road</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>Largo, FL 34641</b>	24. CITY - ST - ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>George Moyer</b>	32. NAME	
STREET ADDRESS	<b>4020 Portsmouth Road</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>Largo, FL 34641</b>	34. CITY - ST - ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elsie McGregor</b>	42. NAME	
STREET ADDRESS	<b>4020 Portsmouth Road</b>	43. STREET ADDRESS	
CITY - ST - ZIP	<b>Largo, FL 34641</b>	44. CITY - ST - ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Charity Cicardo</b>	52. NAME	
STREET ADDRESS	<b>4020 Portsmouth Road</b>	53. STREET ADDRESS	
CITY - ST - ZIP	<b>Largo, FL 34641</b>	54. CITY - ST - ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>George Moyer</b>	62. NAME	
STREET ADDRESS	<b>4020 Portsmouth Road</b>	63. STREET ADDRESS	
CITY - ST - ZIP	<b>Largo, FL 34641</b>	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 as 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)