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FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33779-5350

3. Date Incorporated or Qualified  
07/01/1995

3a. Date of Last Report  
04/22/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29

30 Country

4. FEI Number  
59-3325179

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

MARTIN T. POZGAY  
4020 PORTSMOUTH RD.  
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  DELETE  
NAME MARTIN T. POZGAY  
STREET ADDRESS 4020 PORTSMOUTH RD.  
CITY-ST-ZIP LARGO FL

TITLE STD  DELETE  
NAME EDMUND DUPERRY  
STREET ADDRESS 4020 PORTSMOUTH RD  
CITY-ST-ZIP LARGO FL

TITLE D  DELETE  
NAME GEORGE MOYER  
STREET ADDRESS 4020 PORTSMOUTH RD  
CITY-ST-ZIP LARGO FL

TITLE D  DELETE  
NAME ELSIE MCGREGOR  
STREET ADDRESS 4020 PORTSMOUTH RD  
CITY-ST-ZIP LARGO FL

TITLE D  DELETE  
NAME CHARITY CICARDO  
STREET ADDRESS 4020 PORTSMOUTH RD  
CITY-ST-ZIP LARGO FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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 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 change information attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)