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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT #

DIVISION OF CORPORATIONS P95000067750 (6)

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FI FMING	SERVICES	INC	



Principal Place of Business 2669 FOREST HILL BLVD #231 WEST PALM BEACH FL 33406 2. Principal Place of Business 21	Mailing Address 269 FOREST HILL BLY WEST PALM BEACH FL 2a. Mailing Address 26		3. Date incorporated or Qualifie 08/30/1995 4. FEI Number 5 - 0 60	8/31/95
Suite, Apt. #, etc. 227 City & State	Suite, Apt. #, etc. 27 City & State	227	Certificate of Status Desired Lection Campaign Financing	\$8.75 Additional Fee Required
Zip Country 25	28	Country 30	Trust Fund Contribution	Added to Fees for intangible tax under s 199.032, Yes XNo
LESUE, DORLA 2669 FOREST HILL BLVD., #231 WEST PALM BEACH FL 33406 11. Pursuant to the provisions of Sections 603 or registered agent, or both, in the State of familiar with, and accept the obligations of	, Section 607.0505, Florida Statutes.	83 84 City	ess (P.O. Box Number is Not Accept FOREST HILL altion submits this statement for the d of directors. Thereby accept the a	FL 85 Zip Code
12. OFFICEF	S AND DIRECTORS	Regulated Apart signature requised 13.	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTORS IN 12
NAME DORIA LESTA SIREET ADDRESS 2669 FOOEST CITY-SI-ZIP W. PALO BEH	PRENDENT DREHE STUDENT	1 1 T-TLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIE	PRESIDENT DERLA VESLIE 2609 FORET I W. PALM BCH	Change Addition Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP	□ DELET€	2 1 TITLE	SANAVERFLEMAN TREASURER OSBOURNE FLET 669 FOREST HUL W. P. B. FT 3340	Chang∈
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3 1 MILE 32 NAME 33 STREET ADDRESS	ECBETARY ORIA LESLIE 669 FOREST HIS	□ Change □ Addition CL BCVD #331
TILE NAME STREET ADDRESS CITY-ST-ZiP	□ DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 C-TY ST-ZEP		Cnange Addition
TITLE NAME STREET ADDRESS CITY - ST - 2IP	□ DELFTE	5 1 TITLE 52 NAME 53 STREEL ADDRESS 54 CITY-SL-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP 14. I do hereby certify that the information supp	DRESS IP			☐ Change ☐ Addition

14. Too riereby 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 rustee 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR