FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000084317 (3)**

1. Corporation Name

AGENTS REFERRAL SERVICES, INC.

Principal Place of Business	Mailing Address
7259 ALOMA AVENUE SUITE 100 WINTER PARK FL 32792	7259 ALOMA AVENUE SUITE 100 WINTER PARK FL 32792

3. Date Incorporated or Qualified: **10/12/1995**

3a. Date of Last Report:

4. FEI Number: **59-3348241** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SKINNER, BARRY H
7259 ALOMA AVENUE
SUITE 100
WINTER PARK FL 32792

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 607.1502, 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. The 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D ☐ DELETE	1 TITLE: Pres D ☐ Change ☐ Addition
NAME	SKINNER, BARRY H	2 NAME: SKINNER, BARRY H.
STREET ADDRESS	7259 ALOMA AVENUE, SUITE 100	3 STREET ADDRESS: 7259 Aloma Avenue, Suite 100
CITY-ST-ZIP	WINTER PARK FL 32792	4 CITY-ST-ZIP: Winter Park, FL 32792
TITLE	☐ DELETE	2 TITLE ☐ Change ☐ Addition
NAME		2 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE	☐ DELETE	3 TITLE ☐ Change ☐ Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE	☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE	☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE	☐ DELETE	6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 CITY-ST-ZIP

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CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete, and 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 changed, or on an attachment with an address.

SIGNATURE: Barry H Skinner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE _____ Daytime Phone # _____