

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:55

DOCUMENT # **S12794** (1)

1. Corporation Name  
**PITTSVILLE SERVICES, INC. - FLORIDA**

Principal Place of Business Mailing Address  
P O BOX 21783 P O BOX 21783  
FT. LAUDERDALE FL 33335 FT. LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/13/1990** 3a. Date of Last Report **04/11/1994**  
4. FEI Number **65-0229800** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$6.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** Max. P.  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**KOVACH, WILLIAM  
1550 S.E. 24TH ST.  
SUITE 8  
FT LAUDERDALE FL 33316-4997**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if representative) (NOTE: Registered Agent registration required when registering)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
PD **KOVACH, WILLIAM**  
**11212 NW 15TH ST**  
**PEMBROKE PINES FL**  
STD **MARAUZWSKI, WILLIAM**  
**5353 NW 55TH TERRACE**  
**POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1 TITLE  Change  Addition  
2. 2 NAME  
3. 3 STREET ADDRESS  
4. 4 CITY - ST - ZIP  
5. 5 TITLE  Change  Addition  
6. 6 NAME  
7. 7 STREET ADDRESS  
8. 8 CITY - ST - ZIP  
9. 9 TITLE  Change  Addition  
10. 10 NAME  
11. 11 STREET ADDRESS  
12. 12 CITY - ST - ZIP  
13. 13 TITLE  Change  Addition  
14. 14 NAME  
15. 15 STREET ADDRESS  
16. 16 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 110.07(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Kovach* **WILLIAM KOVACH** 3/22/95 (305) 524-7104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)