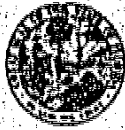


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PH 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S93584 (8)

1. Corporation Name

THE HISTORICAL RESEARCH CENTER INTERNATIONAL, IN
C.

Principal Place of Business

632 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address

632 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1991

3a. Date of Last Report

08/05/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0315964

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

10. Name and Address of New Registered Agent

KANOUSE, KEITH J.
2424 N. FEDERAL HWY
BOCA RATON FL 33431

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 title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	LANGLEY, MICHAEL R.
STREET ADDRESS	632 S. MILITARY TRAIL
CITY- ST- ZIP	DEERFIELD BEACH FL
TITLE	CD
NAME	WALSHE, MICHAEL
STREET ADDRESS	632 SOUTH MILITARY TRAIL
CITY- ST- ZIP	DEERFIELD BEACH FL
TITLE	VPSD
NAME	FISH, ESTELLE
STREET ADDRESS	632 S. MILITARY TRAIL
CITY- ST- ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	SLAVIK, JOE
STREET ADDRESS	632 SOUTH MILITARY TRAIL
CITY- ST- ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	ELF, PETER
STREET ADDRESS	632 SOUTH MILITARY TRAIL
CITY- ST- ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	MARQUIS, NANCY
STREET ADDRESS	632 SOUTH MILITARY TRAIL
CITY- ST- ZIP	DEERFIELD BEACH FL

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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

PETER ELF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16th March 1995

725 421 8213