

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

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95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Division of Corporations

DOCUMENT # **V37233** (6)
SANDRA PREVOST & ASSOCIATES, INC.

DEFECT WILL BE IN THIS SPACE

Principal Name of Corporation: **10791 NORTHWEST 21ST PLACE CORAL SPRINGS FL 33071**
Mailing Address: **10791 NORTHWEST 21ST PLACE CORAL SPRINGS FL 33071**

3. Date incorporated or organized: **05/18/1992** 3a. Date of last report: **04/18/1994**
4. FFI Number: **65-0335487** 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 § 199.013 Florida Statutes: Yes No

2. Principal Name of Officers:
21. Name: _____ 26. Mailing Address: _____
22. State: _____ 27. State: _____
23. City & State: _____ 28. City & State: _____
24. Zip: _____ 29. Zip: _____ 30. Country: _____

9. Name and Address of Current Registered Agent
**PREVOST, SANDRA
10791 NORTHWEST 21ST PLACE
CORAL SPRINGS FL 33071**

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: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	P PREVOST, SANDRA 10791 NW 21ST PLACE CORAL SPRINGS FL
12.2 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	
12.3 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	
12.4 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	
12.5 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	
12.6 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	
12.7 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption established in Section 199.013 Florida Statutes. I further certify that the information submitted 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 treasurer or broker empowered to make this report as required by Florida Statutes, and that my name appears on Block 1, on Block 2, if changed, or on an affidavit, with an address.

SIGNATURE: *Sandra Prevost*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 (305) 755 0334