

**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 MAY -1 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K81478 (5)**

1. Corporation Name  
**SERGMAR, INC.**

Principal Place of Business  
**MOORINGS PROFESSIONAL BUILDING  
2335 TAMiami TRAIL NORTH, SUITE 308  
NAPLES, FL 33940**

Mailing Address  
**MOORINGS PROFESSIONAL BUILDING  
2335 TAMiami TRAIL NORTH, SUITE 308  
NAPLES, FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/17/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0120916** 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.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLAS L. RANKIN  
MOORINGS PROFESSIONAL BUILDING  
2335 TAMiami TRAIL NORTH, SUITE 308  
NAPLES, FL 33940**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BIRSA, SERGIO</b>
STREET ADDRESS	<b>4108 17TH AVE S-W</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>VD</b>
NAME	<b>BIRSA, MARIAN</b>
STREET ADDRESS	<b>4108 17TH AVE S-W</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BIRSA SERGIO</b>
1.3 STREET ADDRESS	<b>2881 SANTA BARBARA BLVD</b>
1.4 CITY-ST-ZIP	<b>NAPLES, FL 33999</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BIRSA, MARIAN</b>
2.3 STREET ADDRESS	<b>2881 Santa Barbara Blvd</b>
2.4 CITY-ST-ZIP	<b>Naples, FL 33999</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marian Birsa **MARIAN BIRSA** 4-29-95 (813) 353-1444