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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1996 | San to | ? •∕ | F CORPORATION | ONS | | | | |
|---|---|--|-----------------------------|---------------------------------------|---|---|--|-----------------------------------|
| DOCUMENT 1. Corporation Name | # 469774 | 1 (4) | | | | | | |
| SELF-SERV IN | NS, INC. | | | | / 165/16 G(B)\$ B(158 48/1 488) | ıı 8:81 S ı s ıı S ı | 2 11 6 1 6 11 6 16 11 | |
| | | | | | | | | |
| Principal Place of Business | S | Mailing Address | | | | | #11 #1#11 # 1#17 | #1911 # 1911 19 4 1 |
| 5001 NW 36TH ST. MIAMI SPG FL 33166 | | 5001 NW 36TH ST. MIAMI SPG FL 33166 | 3 | | | | | |
| | | A.M.M. G. G 12 00100 | • | | 3. Date Incorporated or Qualified | 3a . Date | of Last Re | eport |
| | | | | | 03/26/1975 | | 3/13/19 | |
| 2. Principal Place of Busin | ness | 2a. Mailing Address | | | 4. FEI Number | | [] | Applied For |
| Suite, Apl. #, etc. | | Suite, Apt. #, etc. | | | 59-1828098 | | | Not Applicable Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | | | Required |
| Oity & State | | City & State | | ·· ···· | 6. Election Campaign Financing | | \$5.0 | 0 May Be |
| 23] Zip | Country | 28 Zip | Country | | Trust Fund Contribution | interestina | | to Fees |
| 24 | 25 | 29 | 30 | | 8. This corporation has liability for Florida Statutes Yes | intang bie ti No | ax under s | 199.032, |
| 9. Name | e and Address of Current | Registered Agent | | , | 10. Name and Address of New F | Registered | Agent | |
| | | | 81 | Name | | | | |
| GRENTNER, CHARLES G. 82 Street Add. 5001 NW 36 ST | | | | | fress (P.O. Box Number is Not Acceptab | ile) | | |
| MIAMI, FLORIDA | | | 83 | | | | | |
| 33166 | | | 84 | City | | | Jeel Zu | Cods |
| | | | 04 | City | | FL | 8 5 Zg | Code |
| or registered agent, or familiar with, and acce | r both, in the State of Florida ept the obligations of, Sectio | Such change was authori n 607,0505, Florida Statute | zed by the corp s. | oration's boa | ration submits this statement for the puring of directors. Thereby accept the app | ointment as | registered | agent. Lanı |
| Signature, typed | for printed name of registered agent as OFFICERS AND | | OTE: Registerio Aper 13. | t signature respir | en when reinstiting. ADDITIONS/CHANGES TO OFF | DATE | VINDECTO | DC IN 10 |
| TITUE PS | OTTOCHO AND | DELETE | 1 1 TITLE | | ADDITIONS/CHANGES TO OFF | | Change | Addition |
| ' - | INER, CHARLES G | | 1.2 NAME | | | _ | | |
| | ATLANTIC AVE | | 1.3 \$FHEFT | ACIOPESS | | | | |
| TITLE COCO | A BCH FL | [] DELETE | 1.4 CITY - S | 1 - ZIP | | | | |
| NAME | | [1] DELETE | 2 1 10LE 2 2 NAME | | | L | Change | Addition |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | | | | |
| CiTY-ST-ZiP | | | 2.4 CITY - S | 1 - ZiP | | | | |
| THE | | DELETE | 3 11115 | · · · · · · · · · · · · · · · · · · · | | Ī | Change | Addition |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS CITY - ST - ZIF | | | 3.3 SIREE | | | | | |
| THUE | | DELETE | 34 CHV - S 4 - 101 LE | 1 715 | | 1 | Change | Addition |
| NAME | | | 4.2 NAME | | | · | _ , | |
| STREET ADDRESS | | | 43 STHEFT | ADDRESS | | | | |
| CITY-ST-ZIF | | F) Mucu | 44 CITY - S | !-7 <u>f</u> | | | 7 0 | |
| TITLE NAME | | DELETE | 5 1 TITLE 5 2 NAME | | | Ł |] Change | Addition |
| STREET ADDRESS | | | 5.2 NAME 5.3 STREET | ADDRESS | | | | |
| CIFY - ST - ZIP | - | | 5.4.0°TY-S | | | | | |
| TIFLE | | ☐ DELF1E | 6 17/11 | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 63 STREET | | | | | |
| CITY-ST-ZIP 14. I do hereby certify that | t the information supplied wi | th this filing is voluntarily fur | 640ffr-S nished and does | | for the exemption stated in Section 119. | 07(3)(k), Fla | ricia Statute | es. I further |

14. To hereby certify that the information supplied with this lining is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(6). 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 change 2, you an attachment with an address.

SIGNATURE:

MALLE, G. Greylate
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3//91

305/885-29/3