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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

.198358

111

FLORIDA SERVICE BUREAU, INC.  Principal Flace of Business Mailing Address  C/O ORVILLE SCHWARTZ 16811 NE 6 AVE 16811 NE 6 AV N MIAMI BCH FL 33162 N MIAMI BCH														
US			US					į 3	01/01		or Qualified		of Last 07/05/1	
1	Place of Busin	riess	2a. Mailir	ng Address				4	. FEI Numb				07,007	Applied For
1  Suite Apt			26						65-0	<u>018961</u>	<u> </u>			Not Applicable
2	i. #, etc.		27 Sune	. Apl. #, etc.				5	6. Certificate	of Status	Desired			75 Additional
City & Sta	ate		· ··· · · <del>   </del>	& State					6. Election C	ampaion l	Financing			e Required
3		·· <b>r</b> · ····	28						Trust Fund					00 May Be led to Fees
- Zg) ₌1		Country	Zip		- · ·	ountry		8	I. This corpo		s liability fo	r intangible		
4	9 Name	25 e and Address of Curr	29	Anont	30				Florida Sta			s No		
			cit Hogistered	Agent		81	Name	30	). Name and	o Aogres	8 OT New	Registere	d Agent	
SCHW	/ARTZ, ORV	NIF												
	NE 6 AVE	7666				82	Street A	Address (F	P.O. Box Nur	mber is Ne	ot Accepta	able)		
	MI BCH FL	33162				83								
						84	City						last :	7-0-4-
						100	Oity					F	85   3	Zip Code
FF. Fursuant	t to the provis	ions of Sections 607.050	02 and 607,1508	3, Florida Statu	tes, the ab	OVE-na	amed co	rporation	submits this	statemen	t for the n			registered off
	vith, and acce	ions of Sections 607.056 r both, in the State of Flo opt the obligations of, Se	action 607.0506,	Florida Statute	zea by me is.	corpo	JIADON S	board of c	airectors. The	statemen ereby acco	it for the po ept the ap	urpose of c pointment a		registered officed agent. I am
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forminar v forminar v formations  (2.)  (ILF)  AMA  PRET ADDRESS  (ITY-ST-ZIF  ITHE  AME  URELLADORESS  (ITY-ST-ZIF  ITY-ST-ZIF	Street transfer trans	ARTZ, ELLEN ARTZ, ELLEN  ARTZ, ELLEN	ertain 607,0506, i	Florida Statute	13.   1.1   1.2   1.3   1.4   2.2   2.3   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4   2.4	Ed Agent TITLE NAME STREET A DITY-ST TITLE NAME	Signative re ADDRESS ZIP	board of c	reinstating)	ereby acc	ept the ap	urpose of c pointment a	hanging its registere  ID DIRECT Change	ORS IN 12  Addition
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SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR