SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

Principal Place of Business

L48710

(2)

Mailing Address

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SERVERGI	6 lb	STRITHWEST		INK '

1444 ROOSE\ VENICE FL 34				1444 ROOSEVELT VENICE FL 34293									
								Date Incorporate 02/01/1990	ed or Qualified	1	e of Last i 24/1995	•	
2. Principal Place of Business 21 3/64 EWING DR		2a 26	2a. Mailing Address 26 3164 EWING DR		ط. ا	FEt Number 65-017589	4			Applied For Not Applicat			
Suite, Apt. #, etc		27	Suite, Apt. #, etc.		5. (Certificate of Sta	tus Desired		•	Additional Required			
City & State 23 VEV	ICE	FI	28	City & Stale VOVICE	1-	7	!	Election Campa: Trust Fund Contr	-			May Be to Fees	
24 343		Country 25	29	34292	30 Cou	ntry		Florida Statutes	has liability for in	Yes 🗌	No	s. 199.032,	
	9. Name	and Address of Cu	rrent Regis	stered Agent			10.	Name and Add	ess of New Reg	istered Aç	jent		
RU	tkowski, i	DAN J.				B1 Name							
1444 ROOSEVELT DR VENICE FL 34229					et Address (P.O. Box Number is Not Acceptable)								
						83							
						84 City				FL	85 Zip	Code	
office or re	egistered age	ent, or both, in the St	ate of Florid	07.1508, Florida Statu da. Such change was f, Section 607.0505, Fl	authorized	by the corp	corporation : oration's boa	submits this stat ard of directors	ement for the pur I hereby accept t	rpose of ch the appoint	langirig it Irrient as i	s registered registered	d
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 14. Loo hereb 	ny certify that	me information sun.	olied with th	nis filmo is voluntarily fi	irnished at	nd does not	qualify for th	ie exemption sta	ted in Section 11	19.07/33/61	Etorida 9	Satutes 1	- 1

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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

Date

Date

District Provide

Distr