## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # M132 OWARD SERVICES, INC.	` '								
Principal Place	o of Business	Mailing Address					I KAMAMAN IN INMAN ENIM INMAN MINIM HAN		JA BUDAH BUDAH D	ALBIN BORAN HUUN
3905 N.W. 75' LAUDERHILL	TH TERRACE	P O BOX 5406 FT LADUERDAEL FL 33310-5406 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
							03/28/1985			
2. Principal Pl	ace of Business	2a. Mailing Address	— ĭ				4. FEI Number		h	Applied For
2. Principal Place of Business  21  Suite, Apt. #, etc.  22  City & State  23  Zip		26 Suite Act # ata					59-2518956			Not Applicable  5 Additional
	#, ₩C.	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Required
	<del></del>	City & State					Election Campaign Financing			0 May Be
		28					Trust Fund Contribution			d to Fees
Žip	Country	Zip	Cour	itry			8. This corporation owes or has paid	d the cu	irrent year	Intangible
24		29	30				Personal Property Tax due June			☐ No
	<del></del>	rent Registered Agent		B1	Name	1	0. Name and Address of New Reg	istered	Agent	
160	00 W COMMERCIAL BLVD			B2 B3 B4		Address	(P.O. Box Number is Not Acceptabl	e) FL	85 Zi	ip Code
agent. I ai	m familiar with, and accept the ob- Signature, typed or printed name of registered	lagent and title if applicable (NO	IOTIDA SIAIL	nes			vhon reinstating)	DATE		
12.	OFFICERS :	AND DIRECTORS  DELETE	13.	<u> </u>		<u> </u>	ADDITIONS/CHANGES TO OFFICE	ENS AN	Change	
TITLE	CELESTINO, LORRAINE	otter	1.2 NAI						LL CHANG	, <u> </u>
STREET ADDRESS	3905 N.W. 75TH TERRACE	:	1.3 STF	EET .	ADDRESS					
CITY-ST-ZIP TITLE	VS			1.4 CITY-ST-ZIP 2.1 TITLE					Chang	e Addition
NAME	LETZELTER, DIANNE	_	2.2 NAI						_	
STREET ADDRESS	327 PALM BLVD		2.3 STF	EET.	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CI	Y-\$	T-ZIP					
TITLE		DELETE	3.1 TITLE						☐ Chang	e 🔲 Addition
NAME			3.2 NAI	ΝE						
STREET ADDRESS			3.3 STF	EET.	ADDRESS					
CITY-ST-ZIP	<del></del>		3.4. CIT		T - ZIP					1 64425
TITLE		☐ DELETE	4.1 317						☐ Chang	e
NAME			4. 2 NA							
STREET ADDRESS			1		ADDRESS	]				
CITY-ST-ZIP		DELETE	4.4 CI1		- ZIP	-			☐ Chang	e Addition
TITLE		["] DEFERE	5.1 TIT			1			C) Citalily	e
NAME			5.2 NA		1DDDC00					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE	5 4 CIT 61 TIT		- 2117	+			Chang	e Addition
TITLE			6.2 NAI							
NAME STREET ADDRESS					ADDRESS					
			•			1				

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental agrual 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 exemptation 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 changed or on an attraction of the exemptation of the exemption of the exe

CR2E034 (10/97)

**FILED** 

Jan 20 1998 8:00am

Secretary of State