## 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

DOCUMENT #

(3)

JOHN & GEORGE SERVICE, INC.

**FILED** May 05 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |   |                                |                            |        |                      |  |
|---|---|--------------------------------|----------------------------|--------|----------------------|--|
| 1599 NORTH FEDERAL HIGHWAY 1599 NORTH FEDERAL HIGHM                                       |   |                                | HIGHWAY                    |        |                      |  |
|   | DERDALE FL 33304  |                                | FORT LAUDERDALE FL 33304   |        |                      |  |
|   |   |                                |                            |        |                      | DO NOT WRITE IN THIS SPACE   |
| •   |   |                                |                            |        |                      | 3. Date Incorporated or Qualified 03/07/1988   |
| 2. Principal Place of Business 2a. Mailing Address  |   |                                |                            |        |                      | 4. FEI Number Applied For  |
| <del></del>   | FIRE OF DUSINESS  | 26                             |                            |        |                      | 65-0034049 Not Applicable  |
| Suite, Ap   | t # etc   |                                | Suite, Apt. #, etc.        |        |                      | SR 75 Additional   |
| 22  |   | 27                             | 7                          |        |                      | 5. Certificate of Status Desired Fee Required  |
| City & Sta  | ate   | City & State                   | City & State               |        | /                    | Election Campaign Financing \$5.00 May Be  |
| 23  |   |                                |                            |        |                      | Trust Fund Contribution Added to Fees  |
| Zip   | Country   | Zip                            | Country                    |        |                      | 8. This corporation owes or has paid the current year Intangible   |
| 24  | 25  |                                |                            |        |                      | Personal Property Tax due June 30. Yes No  |
|   | 9. Name and Address of Curre  | nt Registered Agent            |                            | - T    |                      | 10. Name and Address of New Registered Agent   |
| anastasiou, van   |   |                                |                            | 81     | Name                 |  |
| 7 S.E. 13TH STREET  |   |                                |                            | 82     | Street Addre         | ess (P.O. Box Number is Not Acceptable)  |
| F   | ORT LAUDERDALE FL 33316   |                                | į                          | 83     |                      |  |
|   |   |                                |                            | 03     |                      |  |
|   |   |                                |                            | 84     | City                 | FL 85 Zip Code   |
|   | 10-6-07-0   | 00 and COZ 4500. Florido Captu | too de ou                  |        | namad aarn           | oration submits this statement for the purpose of changing its registered  |
| office or   | nt to the provisions of Sections 607.05<br>r registered agent, or both, in the Stat<br>am familiar with, and accept the oblig | e of Florida. Such change was  | authorized                 | d by   | the corporati        | on alon submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered |
| SIGNATURE   | ·   |                                |                            |        |                      |  |
| Signature typed or protect non-e-of repetiered agent and title if applicable (NOTE Regist |   |                                |                            | l Ager | nt signature roquire | ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| 12.   | PVP OFFICERS AT   | DELETE DELETE                  | 13.<br>1.1 TITLE           |        | 1                    | Change Addition  |
| TITLE   | LOUVARIS, JOHN  |                                | 1.2 NAME                   |        |                      |  |
| NAME  | 040 OF 40 OT  |                                | 1.3 STREE                  |        | #DDDEEC              |  |
| STREET ADDRESS  | POMPANO BCH. FL   |                                |                            |        |                      |  |
| CITY-ST-ZIP   | 0   | DELETE                         | 1.4 CITY - ST<br>2.1 TITLE |        | - 211                | Change Addition  |
| NAME  | LOUVARIS, CHERYL, D   |                                |                            | ME     |                      |  |
| STREET ADDRESS  | 040 OF 40 OT  | 2.3 \$1                        |                            |        | ADDRESS              |  |
| CITY-ST-ZIP   | POMPANO BCH FL  |                                | 2. 4 C                     |        |                      |  |
| TITLE   |   | DELETE                         | 3.1 TITLE                  |        |                      | Change Addition  |
| NAME  |   |                                | 3.2 NAME                   |        | į                    |  |
| STREET ADDRESS  | DDRESS 3.3  |                                | 3.3 ST                     | REE1.  | ADDRESS              |  |
| CITY-ST-ZIP   | 1   |                                | 3.4. C                     | ITY-S  | T- ZIP               |  |
| TITLE   |   | DELETE                         | DELETE 4.1 T               |        |                      | Change Addition  |
| NAME  | 1   |                                | 4. 2 N                     | AME    |                      |  |
| STREET ADDRESS  | s   |                                | 4.3 ST                     | REE1   | ADDRESS              |  |
| CITY-ST-ZIP   |   |                                | 4.4 Ci                     | 1Y-\$1 | I - ZIP              |  |
| TITLE   |   | DELETE                         | 5.1 TITLE                  |        |                      | ☐ Change ☐ Addition  |
| NAME  |   |                                | 5 2 N/                     | AME    |                      |  |
| STREET ADDRESS  | s   |                                | 5 3 S1                     | REET   | ADDRESS              |  |
| CITY-ST-ZIP   |   |                                | 5.4 CI                     | TY-SI  | r-zip                |  |
| TITLE   |   | ☐ DELETE                       | 61 TITLE                   |        |                      | Change Addition  |
| NAME  |   |                                | 62 N#                      | AMÉ    |                      |  |
| STREET ADDRESS  | s   |                                | 63 \$1                     | REET   | ADDRESS              | ·  |
| CITY-ST-ZIP   | i e   |                                | 640                        | TV_C   | T-ZIP                |  |

Indicated on this annual report or supplied with this ming 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 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 inchanged, or on an attachment with an address.