

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murflem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P44 0000 11909*

1. Corporation Name

STC Services, Inc.

Principal Place of Business
% May Payne-Cvengros
11420 S.W. 23rd Place
Davie, Florida 33325

Mailing Address
11420 S.W. 23rd Place
Davie, Florida 33325

05/11/95

FLORIDA DEPARTMENT OF STATE

1147 1836

05/02/95 01153-0118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
February 9, 1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

2b

4. FEI Number

65-0473093

Applied For

Not Applicable

22

27

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

May Payne-Cvengros
11420 S.W. 23rd Place
Davie, Florida 33325

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *May Payne-Cvengros*

(NOTE: Registered Agent signature required when registering)

April 24, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	May Payne-Cvengros
STREET ADDRESS	11420 S.W. 23rd Place
CITY - ST - ZIP	Davie, Florida 33325
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

5/1/95 Mst

1147 1836
05/02/95 01153-0118
****P.O. BOX ***2001.00*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *May Payne-Cvengros*

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

April 24, 1995 (305) *452 7451*