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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90167 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 370599

1. Corporation Name
FIDELITY SERVICE CORPORATION

Principal Place of Business
**1750 E. SUNRISE BLVD.
FT LAUDERDALE FL 33304**

Mailing Address
**1750 E. SUNRISE BLVD.
FT LAUDERDALE FL 33304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1970	
21		26		4. FEI Number 59-1320420	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARVALHO, JEAN 1750 E. SUNRISE BLVD FORT LAUDERDALE FL 33304		81 Name JACK A. FURMAN, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1750 E. SUNRISE BLVD. 83 84 City FT. LAUDERDALE FL 85 Zip Code 33304	

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: *Jack A. Furman* DATE: 2/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIECO, FRANK V	1.2 NAME	
STREET ADDRESS	1750 E. SUNRISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARVALHO, JEAN	2.2 NAME	JARRETT S. LEVAN
STREET ADDRESS	1750 E. SUNRISE BLVD.	2.3 STREET ADDRESS	1750 E. SUNRISE BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33304
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EANES, JASPER R.	3.2 NAME	
STREET ADDRESS	1750 E. SUNRISE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERVONY, ANNE	4.2 NAME	
STREET ADDRESS	1750 E. SUNRISE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINNINGHAM, CHARLIE II	5.2 NAME	
STREET ADDRESS	1040 NE 45 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 if changed or on an attachment with an address, with a holder like empowered.

SIGNATURE: *Jarrett S. Levan* DATE: 2/05/99 954-760-5465

CR2E034 (11/98)