FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 5-9-96 B-6397 C

DOCUMENT # 453990 (4)

1. Corporation Name

SERV - A - CUP, INC.

Principal Place of Business

C/O WILLIAM DOUGLAS
1161 NIGHTINGALE AVE.
MIAMI SPRINGS FL 33166

Mailing Address

C/O WILLIAM DOUGLAS
1161 NIGHTINGALE AVE.
MIAMI SPRINGS FL 33166

2. Principal Place of Business
21
Suite, Apt. # or P.O. Box
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or P.O. Box
27
City & State
28
Zip
29
County
30

3. Date Incorporated or Qualified: 06/03/1974

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-1536513

Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has/does not have voting preferred shares per s. 1244.02 Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BLATY,(ANTHONY J.)
7600 RED ROAD, SUITE 217
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

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 Section 607.1622 (2), Florida Statutes, this document also constitutes notice of the address of the registered agent and the name of any registered agent of the corporation changed, or its dissolution.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
DOUGLAS,WILLIAM G
1161 NIGHTINGALE AVE.
MIAMI SPRINGS FL

D
DOUGLAS,BARBARA
1161 NIGHTINGALE AVE.
MIAMI SPRINGS FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true, complete, and accurate; furthermore, I certify that the information indicated on this report or supplemental attached 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 with an address, an asterisk, or the attached report.

SIGNATURE: William G. Douglas 5-6-96 305-888-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Douglas

CR2E034 (12/95)