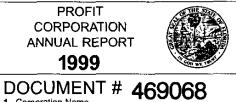
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

FLORIDA SERVICE SYSTEMS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90230 001 \*\*\*158.75

Principal Plac	e of Business	Mailing Address									
P O BOX 8428	i e	P O BOX 8428	O BOX 8428								
HIALEAH FL 33	3012	HIALEAH FL 33012	HIALEAH FL 33012						~-		
ĺ						<u> </u>	DO NOT WRITE IN TH	IS SPAC	<u> </u>		
						3	3. Date Incorporated or Qualifed 02/06/1975				
2. Principal Place of Business 2a. Mailing Address						4	I. FEI Number		Ap	plied For	
21		26	26				59-1570029	Ţ	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5	5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat	te	City & State					. Election Campaign Financing	•	5 00	May Be	
23		28					Trust Fund Contribution			o Fees	
Zip	Country 25	Zip	Cou	ntry	′	8	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	Intangibl		□No	
1	9. Name and Address of Curr		<del></del> .			10	). Name and Address of New Register	d Agen	t		
		<u>~</u>		81	Name						
1	BLEY, JAMES Y.				04	-1	(D.O. Davidson in National Assessments)				
390 SOMERSET WAY				82 Street Address (P.O. Box Number is Not Acceptable)							
FT LAUDERDALE FL 33336					<del>                                     </del>						
				84	City		F	85	Zip (	Code	
11 Pursuant	to the provisions of Sections 607 0	502 and 607 1508. Florida Statu	es the a	OVE	e-named co	rnoratio	on submits this statement for the purpose		ina its	registered	
office or r	registered agent, or both, in the Stat	te of Florida. Such change was a	uthorized	l by	the corpora	tion's b	poard of directors. I hereby accept the app	ointmen	t as re	gistered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Stati	utes	<b>i.</b>						
SIGNATURE	Signature, typed or printed name of registered a	and and title if controlls (NOT)	Donetored	A	nt signature requ	ired when	reinstating) DATE				
12.		AND DIRECTORS	13.	Agen	nt signature requ	neo wien	ADDITIONS/CHANGES TO OFFICERS	AND DIF	RECTO	RS IN 12	
TITLE	PD	DELETE	11 10	1 F			ADDITIONAL OF THE COLOR		hange	Addition	
NAME	MOBLEY, JAMES Y.	<b>_</b> = =====	1.2 NAME				_	•	_		
	390 SOMERSET WAY			1.3 STREET ADDRESS							
STREET ADDRESS	FT LAUDERDALE FL										
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP				— ПС	hange	Addition	
TITLE		□ pereie	2.1 TITLE		İ				nango		
NAME			2.2 NA								
STREET ADDRESS			1		TADDRESS						
CITY-ST-ZIP		[] pri ere	2.4 C		ST-ZIP				hange	☐ Addition	
TITLE		☐ DELETE	3.1 TIT					ں ا	nanye	☐ Addi(IDTI	
NAME				3.2 NAME							
STREET ADDRESS					TADDRESS						
CITY-\$T-ZIP		65	3.4. CI		ST-ZIP				<u></u>		
TITLE	☐ DELETE 4.1		4,1 TII	4,1 TITLE				Пс	Change	☐ Addition	
NAME			4. 2 N	ME							
STREET ADDRESS			4.3 ST	REET	TADORESS						
CITY-ST-ZIP			4.4 Cr	ry-st	T-ZIP						
TITLE		☐ DELETE	5.1 TII	ľΕ				□ c	Change	☐ Addition	
NAME			5.2 NA	ME	1						

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 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 all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: C

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



DELETE

☐ Change

☐ Addition