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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 487966

CII SERVICE OF FLORIDA, INC.

FILED							
Jan 29 1997	8:00am						
Secretary of	of State						

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Principal Place of Business Mailing Address							i ganili Albai shili shela laita nilia bili			OFBIT BIRTH (DOE	
1477 BANKS ROAD MARGATE FL 33063 US			1477 BANKS ROAD MARGATE FL 33063-3941 US								
							3.	Date Incorporated or Qualified			ast Report
								10/20/1975	02	/02/199	96
2.	Principal Place of Bus	iness	2a. Mailing A	2a. Mailing Address			4.	FEI Number			Applied For
21			26					54-1004028			Not Applicable
22	City & State		Suite, Ar	Suite, Apt. #, etc. 27 City & State 28			5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
23			— — ·				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fees		•
24	Zip	Country 25	Zцр <b>29</b>	30	untry		8.	This corporation has liability for Florida Statutes	intangibl Yes		ler s. 199.032,
g, Name and Address of Current Registered Agent				Γ.		10.	Name and Address of New Re	gistered	Agent		
	MCCOY, LON				81	Name					
1477 BANKS ROAD MARGATE FL 33063					82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
					83						
					84	City				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 of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.								
SIGNATURE	Signature typed or printed name of reasti rad agent and title if applicable	(NO)E R	edistered Agent segnature	traured when reinstaina) DA				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12		
TITLE	P	DELETE	1.1 TILLE		Change	Addition		
NAME	THACKER, JAMES T.		1.2 NAME					
STREET ADDRESS	6767 FOREST HILL AVENUE		1.3 STREET ADDRESS					
CITY-ST-ZIP	RICHMOND VA		1.4 CITY - ST - ZIP					
TITLE	V	<b>DELETE</b>	2 1 71TLE	- AAAAAA	☐ Change	Addition		
NAME	CRAWFORD, ANDREW	-	2 2 NAME					
STREET ADDRESS	6767 FOREST HILL AVENUE		2 3 STREET ADDRESS					
CITY-ST-ZIP	RICHMOND VA		2 4 CITY - ST - 7IP					
TITLE	V	DELETE	3 1 TITLE		Change	Addition		
NAME	MCCOY, LONNIE W.		3.2 NAME					
STREET ADDRESS	3700 NW 102ND AVE		33 STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP					
TITLE	V	] DELETE	41 TITLE		Change	Addition		
NAME	RANSON, ROBERT W		4. 2 NAME					
STREET ADDRESS	6767 FOREST HILL AVE		4.3 STREET ADDRESS					
CITY-ST-ZIP	RICHMOND VA		4.4 CHY+S1-ZIP					
TITLE	\$	DELETE	5.1 TITLE		Change	Addition		
NAME	KAUFMAN, RAY		5.2 NAME					
STREET ADDRESS	6767 FOREST HILL AVE		5.3 STREET ADDRESS	4				
CITY-ST-ZIP	RICHMOND VA		54 CITY-ST-ZIP					
TITLE		DELETE	61 DILE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS			1		
CITY-ST-ZIP			6.4 CITY+ST+ZIP					

14. I do hereby certify that the information supplied with this tiling 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 trusted 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.

SIGNATURE:

Augustian

Augustian

SIGNATURE: