CORF ANNU	PROFIT PORATION AL REPORT	7/96: \$225 (IF DISSO		FLORIDA DEPAF Sandra E Secreta	RTMENT OF STATE 3 Mortnam ry of State CORPORATIONS			
DOCUN 1. Corporation	MENT #	500721		(6)				
TIGER F	POINT VILLA	GE, INC.						
Principal Place	of Business		Mailing a	Address				
3357 CRESTVIEW LANE P.O. BOX 310			P.O. BO	· · · · · · ·				
GULF BREEZE				REEZE FL 32562		3. Date Incorporated or Qualific 04/07/1976	-	Date of Last Report)4/25/1995
2. Principal Pla	ace of Business		2a. Maili 26	ng Address		4. FEI Number 59-1762143		Applied For Not Applicable
Suite, Apt #	#, etc		Suite 27	. Apt. #, utc		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State)			& State		Election Campaign Financin- Trust Fund Contribution	g 🔲	\$5.00 May Be Added to Fees
Zip !4	25	Country	Z)p		Country 30	This corporation has liability Florida Statutes	for intangit	ole tax under s 199 032,
								d Acent
400	9. Name and RBA, JR. T. A. S.DIXIE HWY., CA RATON FL		t Registered	Agent		10. Name and Address of New Idress (P.O. Box Number is Not Accept		a Agent
11. Pursuant toffice or reagent Tar	RBA, JR. T. A. I S.DIXIE HWY., CA RATON FL to the provisions egistered agent, and the familiar with, an	STE.324 33432 of Sections 607.0502 or both, in the State of ad accept the obliga	2 and 607-15f of Florida Su tlions o', Sect	08, Ftorida Statu ch change was ion 607.0505. Fl	82 Street Ad 83 84 City tes, the above-named co- authorized by the corpora- orida Statutes	idress (P.O. Box Number is Not Acception of the Acception	Face purpose cept the ap	Zip Code Of changing its registered pointment as registered
11. Pursuant toffice or reagent Tar	RBA, JR. T. A. I S.DIXIE HWY., CA RATON FL to the provisions egistered agent, and the familiar with, an	STE.324 33432	2 and 607 155 of Florida Su thons of, Sect of and the if anyl-s	08, Ftorida Statu ch change was a uon 607.0505, Ft abie (NC	82 Street Ad 83 84 City	idress (P.O. Box Number is Not Acception of the Acception	e purpose cept the ap	EL 85 Zip Code of changing its registered appointment as registered
11. Pursuant to office or reagent 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS	RBA, JR. T. A. S.DIXIE HWY., CA RATON FL to the provisions egistered agent, and familiar with, and Figurative opening the provision provided pro	STE.324 33432 of Sections 607.0502 or both, in the State of accept the obligated number of registered agen. OFFICERS AND OMAS A. VIEW LANE	2 and 607 155 of Florida Su thons of, Sect of and the if anyl-s	08, Ftorida Statu ch change was a uon 607.0505, Ft abie (NC	82 Street Ad 83 84 City tes, the above-named colauthorized by the corpora orida Statutes	idress (P.O. Box Number is Not Acception of the properties of directors. I hereby accounts when repositively	e purpose cept the ap	E 85 Zip Code of changing its registered as registered
11. Pursuant to office or reagent I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RBA, JR. T. A. S.DIXIE HWY., CA RATON FL to the provisions registered agent, en familiar with, an Storature biped or pro PD BARBA, THO 3357 CREST GULF BREE S BARBA, THO 3357 CREST	STE.324 33432 of Sections 607 0502 or both, in the State of accept the obligated han a of registered ager OFFICERS AND OMAS A. VIEW LANE ZE FL OMAS A. VIEW LANE	2 and 607 155 of Florida Su thons of, Sect of and the if anyl-s	08, Ftorida Statu ch change was a aon 607.0505. Ft able (NC S	82 Street Ad 83 84 City tes, the above-named collautnorized by the corporal orida Statutes ITE Registered Agent signature rec 13. 11 THLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS	idress (P.O. Box Number is Not Acception of the properties of directors. I hereby accounts when repositively	e purpose cept the ap	EL 85 Zip Code of changing its registered appointment as registered
11. Pursuant to office or reagent. Lar SIGNATURE 12. 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 STREET ADDRESS	RBA, JR. T. A. S.DIXIE HWY., CA RATON FL to the provisions of egistered agent, on familiar with, an Familiar with, and Familiar with an Fa	STE-324 33432 of Sections 607 0502 or both, in the State of accept the obligated number of registered agent of the state of the obligated number of t	2 and 607 155 of Florida Su thons of, Sect of and the if anyl-s	08, Ftorida Statui ch change was ion 607,0505, Ft abis (NC S DELETE	82 Street Ad 83 84 City Res. the above-named co- authorized by the corpora orida Statutes ITE Registered Agent signature rec 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	idress (P.O. Box Number is Not Acception of the properties of directors. I hereby accounts when repositively	e purpose cept the ap	S Zip Code of changing its registered upointment as registered NND DIRECTORS IN 12 Change Addition
11. Pursuant to office or reagent. Lar office or reagent. Lar SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	RBA, JR. T. A. S.DIXIE HWY., CA RATON FL to the provisions of egistered agent, on familiar with, and standard benefit of the provisions	STE-324 33432 of Sections 807 0502 or both, in the State of accept the obligated not a of registered ager OFFICERS AND OMAS A. VIEW LANE ZE FL CHARLES THEW LANE ZE FL CRY, ROBERT B TIMEW LANE ZE FL ONTGOMERY TIMEW LANE	2 and 607 155 of Florida Su thons of, Sect of and the if anyl-s	08, Florida Statu ch change was ion 607,0505, Fl abie (NC S DELETE	82 Street Ad 83 84 City Res. the above-named collaborative provided by the corporation or the corporation of the corporation	idress (P.O. Box Number is Not Acception of the properties of directors. I hereby accounts when repositively	e purpose cept the ap	of changing its registered pointment as registered NDD DIRECTORS IN 12 Change Addition Change Addition
11. Pursuant to office or reagent. Lar office or reagent. Lar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RBA, JR. T. A. S.DIXIE HWY., CA RATON FL to the provisions registered agent, en familiar with, an storm of the provisions of the provisi	STE-324 33432 of Sections 607,0502 or both, in the State of accept the obligated had accept the	2 and 607 155 of Florida Su thons of, Sect of and the if anyl-s	DB, Florida Statu ch change was a ion 607.0505. FI able (NC S DELETE	82 Street Ad 83 84 City Res. the above-named collaborationized by the corporationida Statutes REF. Registered Agent signature rec. 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City-ST-ZIP 4.1 TITLE 4.2 NAME	idress (P.O. Box Number is Not Acception of the properties of directors. I hereby accounts when repositively	e purpose cept the ap	of changing its registered pointment as registered NDD DIRECTORS IN 12 Change Addition Change Addition Addition

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1990	Division of o			
DOCUN 1. Corporation	MENT # P94000	0059956 (0)			
ALL SEF	RVICE TECHNOLOGIES, IN	IC.			
Principal Place	of Business	Mailing Address			
5440 LORI DRIVE. SOUTH JACKSONVILLE FL 32207		FAMO LODY DENIES CONTE	•	İ	
		5440 LORI DRIVE. SOUTH JACKSONVILLE FL 32207	1		
				3. Date Incorporated or Qualified 08/15/1994	3a. Date of Last Report 07/17/1995
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied for
Suite, Apt. #, etc		26		59-3263165	Not Applicable
		Suite, Apt. #, etc.		5. Cert-licate of Status Desired	\$8.75 Additional
2	and the second s	27		Fee Hequired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
Ζιρ	Country	Zip	Country	8. This corporation has liability for	
<u> </u>	25	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	TO. INSINE SHO Address of New Ne	Alateled Whell
	NCHER, VELMA I			(DO D. M. selection Management	
	O LORI DRIVE, SOUTH		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	(9:0)
JAC	KSONVILLE FL 32207		83		
			84 City		85 Zip Code
				orporation submits this statement for the p	FL
agent Far SIGNATURE	m familiar with, and accept the oblig Veloce Signature type for protect many of the protecting	pations of Section 607,0505, Flo which we have the population (NOT)	T. Musch	ation's board of directors. Thereby accept grand whether things ADDITIONS/CHANGES TO OFFIC	7-12-96
12.	DEFICERS AT	ND DIRECTORS DELETE	13.	ADDITIONS/GRANGES TO OFFIC	Change Addition
TITLE NAME	P MUNCHER, VELMA I	L.J bett	1.2 NAME		C. Orange, C.J. control
STREET ADDRESS	5440 LORI DRIVE, SOUTH		13 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIF		
TITLE	VP	DELETE	21 TITLE		Change Addition
NAME	ROBERT, MAY H.		2.2 NAME		
STREET ADDRESS	3042 ALONSO ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	T DOUBLE	2 4 CITY - ST - ZIP		Change Addition
TITLE		DELFTE	3 1 TITLE		Gras-ge Addition
NAME etect appress			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			3.4 City-S1-ZiP		
TIFLE		DITELE	4 1 TITLE		Change Addition
NAME		_	4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP		., <u></u>	4.4 CHTY - ST ZIP	-40.7.4.9.9.	
TITLE		DOLETE	5 1 TITUE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY-ST-ZIP		DILETE	5.4 City - ST - ZIP 6.1 TITLE		Change: Addition
TITLE	l .	L., 5,,,,,	- 0 - 111EE		F'-1 - 13 F-1

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)(k). Florida Statutes I further certify that the information indicated on his aroual 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 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

SIGNATURE: Librar & Muncher Signature and typed on Printed Name of Signing Officer on Director

7-12-96 642-9744

CR2E034 (3/96)