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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 537945

(8)

1. Corporation Name
ROSS COMMERCIAL SERVICE, INC.



Principal Place of Business 3635 PEARL ST. JACKSONVILLE FL 32206	Mailing Address 3635 PEARL ST. JACKSONVILLE FL 32206-2040
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/24/1977	3a. Date of Last Report 03/29/1996	4. FEI Number 59-1772957	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ROSS, LOIS S 3635 PEARL ST JACKSONVILLE, FL 32206	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS TITLE PD NAME ROSS, LOIS S STREET ADDRESS 3635 PEARL ST CITY-ST-ZIP JACKSONVILLE, FL 00000 [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE [] Change [] Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE [] Change [] Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE [] Change [] Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE [] Change [] Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE [] Change [] Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE [] Change [] Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
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14. I do 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.

SIGNATURE: Lois S. Ross 4-2-97 (904) 355-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (9/96)