## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM		54 (7)					
1. Corporation SAHLE	Name EN'S SUDDEN SERVICE, I	INC.					
Principal Place o	of Business	Mailing Address			T ADDINI BIIID DARDA IIIIN DEAEL D		
5839 NW 66 WAY PARKLAND FL 33067		5839 NW 66 WAY Parkland Fl 33067	5839 NW 66 WAY PARKLAND FL 33067				
					3. Date Incorporated or Qualified 04/10/1978	3a. Date of Las 02/27	t Report 7/1995
2. Principal Place of Business 2a.		2a. Mailing Address 26	1		4. FEI Number 59-1819318		Applied For Not Applicable
Suite Apt. #, etc. 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	N/	75 Additional
City & State		City & State	City & State		Election Campaign Financing	\$5	ee Required .00 May Be
<b>23</b>   	Country	<b>28</b>	Cou	ntn/	Trust Fund Contribution	L) Ac	Ided to Fees
24	25	29	30	y	8. This corporation has liability for Florida Statutes Yes		rs 199.032,
	9. Name and Address of Currer	it Registered Agent		04	10. Name and Address of New F	legistered Agent	
KI ADKE	E FAITH A			81 Name F	aith A. Kladke		
7827 CANAL DR		New	ა	Street Add	ress (P.O. Box Number is Not Acceptab	ołe)	
LAKEW	ORTH FL 33467	<i>₽</i> 99	4623	83	01010000		777
				84 _City .	<u>^</u>	85	Zin Code
11 Dureuant to	the crowicians of Postions 607 0600	and 607 1500 Florida Chat de	455-	84 City ral	Spring 5	FL I	3365
OF registered	u agent, or both, in the State of Flori	da. Such change was authorize	s, the abored by the c	ve-nameo corpo orporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	rpose of changing i ointment as registe	ts registered office red agent. Lam
SIGNATURE	, and accept the obligations of, Sect	iori bur.0505, Florida Statutes.					
	Sprature, typica or printed name of registered ages (		E Registered	Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		
TILLE NAMI,	HARPSTER, JOANN M.		1 1 TITLE 12 NAME			☐ Chan	ge 🔲 Addition
S'REFT ADDRESS	5839 NW 66 WAY		B				
CITY ST-ZIP	PARKLAND FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
Int.£	PD DELETE		2 1 TITLE			[ ] Chan	ge Addition
NAME	HARPSTER, JACOB E. JR.		2.2 NAME				
STHER: ADDRESS	5839 NW 66 WAY		2.3 \$1	REET ADDRESS			
CITY ST-ZIP	PARKLAND FL		2 4 CH	Y-ST-ZIP			
Title	V	☐ DELETE	3 1 Ti	TLE		☐ Chan	ge 🔲 Addition
NAME	HARPSTER, MARK J. 11325 NW 38TH ST.		3 2 NA	ME			
SIRE/TADDRESS	CORAL SPRINGS FL		33 ST	REET ADDRESS			
CHY ST-Z-P	COLUMN DI LIMINGO I L	DELETE	3 4 C(1 4, 1 T(	Y-ST-ZIP		Chan	no D Addition
NAM!			4. 1 II	į.		Chang	ge Addition
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			. I	Y-ST-ZIP			
THELE		☐ DELE1E	5 1 TI			Chang	e Addition
NAME			5 2 NA	ME			
STEEL LADONESS			53511	REET ADDRESS			
CHY ST-ZIP		F3 or car		Y-ST-ZIP		<u> </u>	
THE BANK		☐ DELETE	6 1 Til			☐ Chan	ge 🔲 Addition
NAME STREET AJURESS			6 2 NA				
CITY - ST - ZIP				REET ADDRESS			
	certify that the information supplied v	with this filing is voluntarily furnis	shed and c	Y-ST-ZIP loes not qualify f	or the exemption stated in Section 119.	07(3)(k). Florida Sta	stutes. 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?

JOANN M. HARPSTER