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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

# 629690

(9)

(1

## FILED Mar 19 1997 8:00am Secretary of State

	BERVICES INTERNATIONAL					
Principal Place P.O.BOX 667 215 E. MICHIGA ORANGE CITY	AN AVENUE	Mailing Address P.O.BOX 667 215 E. MICHIGAN AVEN ORANGE CITY FL 3276			1 702110 21110 1212 12110 21112 10111 2011 1	
					3. Date Incorporated or Qualified 07/16/1979	3a. Date of Last Report 04/16/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			56-1031088	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	1 : 3		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	the contract of the contract o		Trust Fund Contribution	Added to Fees
Zip	— — — — — — — — — — — — — — — — — — —		Country		8. This corporation has liability for in	
24	25 Name and Address of Curr	[29]	30]		f Iorida Statutes L.  10. Name and Address of New Reg	Yes No
	9. Name and Address of Curre	ent negistered Agent	81	Name	TO. INAME AND ADDRESS OF NEW REG	israaa waanr
	ITER, ARVEL		81	INGILIE		
215 EAST MICHIGAN AVENUE ORANGE CITY FL 32763			62	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)
			83			
			84	City		FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.01 egistered agent, or both, in the State im familiar, with, and accept the obli-	JO2 and 607.1508, Florida State of Forida, State of Forida, Such change war igations of Section 607.0505, ARVEL	tutes, the above is authorized by Florida Statules Handlered Age	e-named corporations.  TER  In signalize require	oration submits this statement for the poon's board of directors. I hereby accept PRES. 141  advicer resisting)	urpose of changing its registered the appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 1 TITLE	Ţ		Change Addition
NAME	Hunter, arvel		1.2 NAME			
STREET ADDRESS	840 CITRUS TREE DR		13 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL		14 CRY-S	T - 71P		
TITLE	V	☐ DELETE	2 1 1HLE			Change Addition
NAME	Hunter, Carl		2.2 NAME			
STREET ADDRESS	350 OAKAPPLE RD		2 3 STREET	ADDRESS		
CITY-ST-ZIP	<u>Lake</u> Helen Fl	and the same of th	2 4 CITY - ST - ZIP			
TITLE	ST	☐ DELETE	31 TITLE			. Change Addition
NAME	Indiates de Legal		3.2 NAME			
STREET ADDRESS	705 LARRY DRIVE		3 3 STREET			
CITY-ST-ZIP	<del> </del>		3 4. C!TY - S	51 - ZIP		Chance Address
TITLE		LJ DELETE	411111.			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 \$1RF{1			
CITY-ST-ZIP		☐ DELETE	44 CITY-S	T-ZIP		Change Addition
TITLE			51 TITLE			ET change ET Monton
NAME			5.2 NAME	ANDOLCO	·	
STREET ADDRESS			5 3 S1RE[1	l l		
CITY-ST-ZIP		DELETE	5.4 CHTY-S 6.1 THTLE	I-7P		Change Addition
TITLE		ET DELETE				El change El Voorton
NAME OTRECT ADDRESS			6.2 NAME	Abbot 66		
STREET ADDRESS			6.3 STREE1			
CITY-ST-ZIP			6 4 CHY-S	T- ZIP	, - · - · · · · · · · · · · · · · · · ·	

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 offect 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 13 if changed, or on an attachment with an address.

CIONATUDE.

Jan W K Startes D. And

PRESI

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