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FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836520
1. Corporation Name

(7)

MUTUAL SERVICE CORPORATION

Principal Place of Business

250 AUSTRALIAN AVE S
STE 1800
WPB FL 33401
US

Mailing Address

PO BOX 24777
WPB FL 33416-4777
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1976

4. FEI Number

38-1893570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KAMINSKI, DENNIS S. C/O MUTUAL SERVICE
250 AUSTRALIAN AVE, SOUTH
SUITE 1800
WEST PALM BEACH FL 33401

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DXON, JOHN L	
STREET ADDRESS	11043 THYME	
CITY-ST-ZIP	PALM BEACH GRDNS FL	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	POFF, JOHN W	
STREET ADDRESS	3646 CYPRESS EDGE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MILFS, AUDREY	
STREET ADDRESS	26922 ROCKING HORSE LN	
CITY-ST-ZIP	LAGUNA HILLS CA	

TITLE	V	<input type="checkbox"/> DELETE
NAME	KAMINSKI, DENNIS S.	
STREET ADDRESS	13632 BRIGHTSTONE STREET	
CITY-ST-ZIP	WELLINGTON FL	

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SCHAFER, GLENN S	
STREET ADDRESS	24038 CORMORANT LN	
CITY-ST-ZIP	LAGUNA NIGUEL CA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, GERALD W	
STREET ADDRESS	35 PLAZA CALOROSO	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

4-15-98 (561) 835-4100

CR2E034 (1097)