

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

FILED

Apr 30 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 # **F46318** (4)

1. Corporation Name
EXECUTIVES SERVICES, UNLIMITED, INC.

Principal Place of Business 11540 TIMBERS WAY BOCA RATON FL 33428 US	Mailing Address 11540 TIMBERS WAY BOCA RATON FL 33428 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/28/1981

2. Principal Place of Business 21 11540 Timbers way Suite, Apt. #, etc.	2a. Mailing Address 26 11540 Timbers Suite, Apt. #, etc.
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4. FEI Number 59-2121584	Applied For Not Applicable
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22 City & State 23 Boca Raton	27 City & State 28 Boca Raton
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

24 Zip 33428	25 Country US	29 Zip 33428	30 Country US
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6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

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

**KARNES, STEVEN L.
11540 TIMBERS WAY
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name Steven Karnes
82 Street Address (P.O. Box Number is Not Acceptable) 11540 Timbers Way
83
84 City Boca Raton
85 Zip Code FL 33428

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 **Steven Karnes** **President** **4/23/98**
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	PTD	<input type="checkbox"/> DELETE
NAME	KARNES, STEVEN L.	
STREET ADDRESS	11540 TIMBERS WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	MINNEHAM, DAVID W.	
STREET ADDRESS	3167 DOGWOOD LANE	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **Steven Karnes** **4/23/98** **11540 Timbers Way**

CR2E034 (10/97)