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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F94000001604 (7) DOCUMENT #

BISHOPS SERVICES INCORPORATED

Principal	Place		iness

Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



2151 W. HILLSBORO BLVD. 2151 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/30/1994 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 Not Applicable 13-3408282 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 П Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCGLYNN, JOHN A 2151 W. HILLSBORO BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33442 В3 84 City Zip Code 85 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. Fam 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD DELETÉ 1.1 TITLE Change Addition NAME MCGLYNN, JOHN A 12 NAME STREET ADDRESS 3237 LAKE SHORE DR. 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE STD 2.1 DITE Change ■ Addition NAME FLATLEY, T K 2.2 NAME STREET ADDRESS 215 W. 91ST ST. 2.3 STREET ADDRESS NEW YORK NY 10024 CHTY-ST-ZIE 2.4 CITY-ST-2IP TITLE ☐ DELETE 3.1 TITLE Change Addition CORSON, LYNN NAME 3.2 NAME STREET ADDRESS P.O. BOX 457 N/A 3.3 STREET ADDRESS CITY-ST-ZIP **ONANCOCH VA 23417** 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME SEITS, KEVIN 4. 2 NAME STREET ADDRESS P.O. BOX 179 N/A 4.3 STREET ADDRESS CITY-ST-ZIP BROWNSVILLE VT 05037 4.4 CITY-ST-ZIP DELETE TITLE Change 51 TITLE Addition NAME GANDOLFO JR, VINCENT J 5.2 NAME STREET ADDRESS 300 E. 54TH ST. 5.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.