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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000001439 (7)

SERVOOR, INC.

Timbipari lado di Bacilloss	
P.O. BOX 104	

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



P.O. BOX 104 TYASKIN MD 21865-0104 P.O. BOX 104 TYASKIN MD 21865-0104					j						
							3. Date Incorporated or Qualified 03/24/1995	3a. Date of Last Report 04/15/1996			
2. Principal Place of Business			2a. Mailing Addre	2a. Mailing Address			4. FEI Number		Applied For		
21			26	26			52-1746296	<u> </u>	Not Applicable		
Sulte, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional		
22			···-	27					ee Required		
City & State			<u>├</u>	City & State			6. Election Campaign Financing \$5.00 May Be				
Zip		Country	28 Zip		ountry		Trust Fund Contribution		ded to Fees		
24	-	25	1	30	ountry	′		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
24]			29 rrent Registered Agent	[30]		10, Name and Address of New Registered Agent					
TUOL	MPSON, JA	······································		·	81	Namo		g			
	Arson, sa Loommis										
	MALL LANE				82	Stroet A	Address (P.O. Box Number is Not Acceptab	ole)			
		L 32403-5530			83	·					
וווע	MUL AI D I	L 32403-3330			<u> </u>						
					84	City		FL 85	Zip Code		
11. Pursuant to	o the provision	ons of Sections 607.	0502 and 607,1508, Florid	a Statutes, the	abovi	l e-namod o	corporation submits this statement for the p	urpose of chanc	ing its registered		
office or re	gistered age	ant, or both, in the St	tate of Florida. Such chang	ge was authoria	red by	the corp	oration's board of directors. I hereby accep	ot the appointme	nt as registered		
_	i i i i i i i i i i i i i i i i i i i	n, and accept the or	ingations of, acction 607.6	2005, Florida S	.atutes	5.					
SIGNATURE	Signature, typed i	or printed name of registered	agent and title if applicable	(NOTE Registe	red Age	ent signature i	required when reinstating)	DATE			
12.		OFFICERS	AND DIRECTORS	13	1.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12		
TITLE	PÇT		☐ DE	LE1E 1.1	DILE			☐ Ch	ange Addition		
NAME	WALDMAN	I, MICHAEL		1.2	NAME						
STREET ADDRESS			STREET	ADDRESS			li				
CITY-ST-ZIP	TYASKIN MD 21865 1.4 CI		CITY-S	I - Z(P							
TITLE	VSD		☐ DE	LETE 2.1	TITLE			☐ Ch	ange 🔲 Addition 🖰		
NAME	WALDMAN, E. EVELEIGH		2.2	2.2 NAME							
STREET ADDRESS	DORESS 4664 TYASKIN ROAD			2.3	2.3 STREET ADDRESS						
CITY-ST-ZIP				CITY-S	ST - ZIP						
TITLE			☐ DE	LETE 3.1	THTLE	ļ			ange L Addition		
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREET	ADDRESS					
CITY-ST-ZIP					CITY-	ST-ZIP					
TITLE			☐ DE		TITLE			∟ Ch	ange L Addition		
NAME					? NAME						
STREET ADDRESS				4.3	STREE1	ADDRESS					
CITY-ST-ZIP			T or		CHY-S	ST-ZIP			(
TITLE			☐ DE		TITLE			∐ Ch	ange L Addition		
NAME					NAME				ĺ		
STREET ADORESS				*		ADDRESS					
CITY-ST-ZIP	<u>-</u> -		DEI DE		CITY-S	T · ZIP		170	ange Addition		
TITLE			L! Dt		THLE	İ		լ Մո	ange 🔲 Addition		
NAME				L -	NAME						
STREET ADDRESS				li i		ADDRESS					
CffY-ST-ZIP	u cartify that	the information ever	alied with this filing does a		CITY-S		ated in Section 119.07(3)(i), Florida Statute	e I further certifi	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 of 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 or Block 12 or Block 13 or Block 12 or Block 1

1:1 (2)(1111)

(410) 873-2505 4/22/97