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

FILED May 21 1998 8:00am Secretary of State

1. Corporation	IMEN 1 # F95000 RSAL SERVICE NETWORK,	JUU5278 (5) INC.				
Principal Place of Business Mailing Address					- i banida tita farat anus abiji batit aast datit at	BIĞI BIELD İLBAŞ JANDI IDII INDI
	ntieth street Wi 5 3154-4931	9667N S. 20TH STREET				
US CHEEK	W \$5154-4551	OAK CREEK WI 53154-4 US	931		DO NOT WRITE IN THIS SPACE	
		•••			3. Date Incorporated or Qualified	
					10/30/1995	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			39-1653846	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	 		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	A	City & State	City & State		0.51	Fee Required
23		F1 '	26		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the co	
24	25	29 30			Personal Property Tax due June 30. 🔲 Yes 🔲 No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	d Agent
	YNTON, WILLIAM D		81	Name		
	51 W. BROWARD BLVD., #204		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324				· · · · · · · · · · · · · · · · · · ·	
			83			
			84	City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statut	les the above	e-named corr	poration submits this statement for the purpose	
OTHEO DE	egister ed agent, or both, in the State im f a miliar with: and accept the obliga	of Horida. Such change was	aulhorized by	/ the corporal	tion's board of directors. Thereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of regreered age	act and tilke disprodes felton. (ACC)	L. Boantored Age	not elemphase some	red when reinstalling) DATE	
12.	OF LICERS AN		13.	an argualdas redui	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PTD	DELETE 1.1 T				☐ Change ☐ Addition
NAME	POLASKI, MICHAEL H		1.2 NAME			
STREET ADDRESS	9667 S. 20TH ST.		1.3 STREET ADDRE			
CITY-\$T-ZIP	OAK CREEK FL			IT-ZIP		
T(TLE	VPSD BOLACKI MICHAEL I	DELETE 21				Change Addition
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP	2.70		2. 4 DITY+ 9 3.1 TITLE	ST - ZIP		Change Addition
NAME .	PARRISH, PATRICK R		3.1 TITLE 3.2 NAME			CHANGE THYOUROU
STREET ADDRESS	9667 S. 20TH ST.			ADDRESS		
CITY-ST-ZIP	OAK CREEK WI		3.4. CITY - S	1		
TITLE	10.00		4,1 TITLE	11-611		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T- 21P		
TITLE		DELETE	5.1 TIBLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREFT	ADDRESS		
CITY-ST-ZIP		······································	5.4 CITY-S	T - Z IP		
THILE	DELETE 611		61 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP	and the state of t		6.4 CITY - S	1 · ZIP	0 1 10 0700 51 11 00 11	

Thereby 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 13 if changed, or on an attachment with an address

42455

9.12.00