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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800005266

NATIONWIDE ADMINISTRATIVE SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

25

2435 U.S. HIGHWAY 19, #120

rincipal Place of Business

Principal Place of Business

SCALISE, ERNIE

HOLIDAY FL 34691

Mailing Address

435 US HWY 19 #120 OLIDAY FL 34691

Suite, Apt. #, etc.

City & State

Zip

2435 US HWY 19 #120 HOLIDAY FL 34691

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

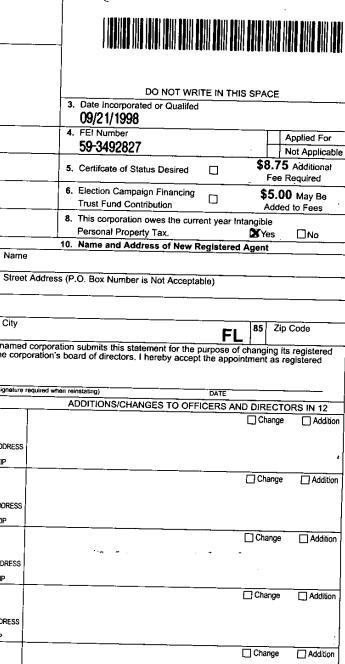
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## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90151 015 \*\*\*150.00



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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS (11/98)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD ☐ DELETE 1.1 TITLE SCALISE, ERNIE 1.2 NAME EET ADDRESS 2435 U.S. HWY 19 #120 CR2E034 1.3 STREET ADDRESS HOLIDAY FL 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE KARSCH, MICHAEL D 2.2 NAME 201 S. BISCAYNE BLVD ET ADDRESS 2.3 STREET ADDRESS MIAMI FL -ST-ZIP 2. 4 CITY- ST- ZIP DELETE 3.1 TITLE WAREHIME, DAVIS 3.2 NAME 11815 HIGHLAND PLACE ET ADDRESS 3.3 STREET ADDRESS **CORAL SPRINGS FL** ST-ZIP 3.4, CITY-ST-ZIP DELETE 4.1 TITLE 4. 2 NAME TADDRESS 4.3 STREET ADDRESS ST-ZIP 4.4 C/TY-ST-2/P ☐ DELETE 5.1 TITLE 5.2 NAME T ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change

Country

83 84 City

30

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 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

TADDRESS

T-ZIP

P. V siloskaini

Ernie Scalise V.P.

7279423441

☐ Addition