1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State

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DOCUI	MENT # <b>G41788</b>	}						
	SERVICE, INC.	•						
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Principal Place	e of Business	Mailing Address		7-11-21	-  1 (80)(\$3) 00)( 0:00) \$103 (1030) (8)(	JE 4821 BIQIL QIQIE	AISTI AIGII BI	E# 01211 1051
400 NW 95TH 1	TERR O	400 NW 95TH TERR						
	10 Box 822067	POB 8518 PEMBROKE PINES FL 33024			DO NOT WRIT	E IN THIS SE	ACE	
PEMBROKE PINES FL 33024- US 50 FL, FL 33082-2067 US					3. Date Incorporated or Qualifed			
_	, · · · · · · · · · · · · · · · · · · ·	<b>y</b> \			06/02/1983			
2. Principal Pl	lace of Business	2a. Mailing Address	· <u> </u>		4. FEI Number		Арр	lied For
21	· · · · · · · · · · · · · · · · · · ·	26 BENEFIT	56	RUCE	59-2305109		<del></del>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Red	
City 8 Stat		27 <i>P.O. Bo</i> × 8 City & State	ado	16/	6 Floation Committee Financia		<del></del>	<del></del>
City & State	<b>e</b> ,	28 South Flor	e loi	A, FL	6. Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	
Zip	Country	Zip Zip	Coun	try	8. This corporation owes the curre	nt year Intang		
24	25	29 33082-20673	0_18	15A	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	egistered Ag	ent	
BAIO, JOSEPH 400 N W 95 TERR PEMBROKE PINES FL 33024				31 Name				
				32 Street Addre	ss (P.O. Box Number is Not Acceptal	ble)		
				33				———
, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	minimize i states		1					
	. •		1	34 City	· ·	FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	, the ab	ove-named corpo	ration submits this statement for the p	ournose of ch	anging its i	registered
! office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auti	norizea i	ov the corporation	n's board of directors. I hereby accepi	the appointm	ent as reg	istered
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable (NATE: D.	enistered A	gent signature required	when reinstating)	DATE		
12.	Signature, typed or printed name or registered agent OFFICERS ANI		13.	Acut aliterate reduited	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE	Р	· DELETE	1.1 TITL				Change	☐ Addition
NAME	BAIO, JOSEPH		1.2 NAM	E				
STREET ADORESS	400 NW 95TH TERR		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	PEMBOKE PINES, FL 00000		_	-ST-ZIP			Channe	☐ Addition
TITLE		☐ DÉLETE	2.1 TITL			L	] Change	L'1 Aggition
NAME			2.2 NAM	j	•			į
STREET ADDRESS	. 1			EET ADDRESS			•	ļ
CITY-ST-ZIP		☐ DELETE	2.4 CIT 3.1 TITL	Y-ST-ZIP		Г	Change	Addition
NAME	Some making	The percial five	3.2 NAN		; *** ** **	_	_ •	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE	* * * ,	☐ DELETE	4.1 TITL				Change	Addition
NAME			4. 2 NA	AE				
STREET ADDRESS			4.3 STR	EET ADORESS				
CITY-ST-ZIP				'-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL	E		C	Change	☐ Addition

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 all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition