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

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90109 021 ***150.00

						
 Corporation 		1023 TION SERVICES, INC.) (188)))))	8/8/) 8/8 // 8/8/ 8/1))) (188)) (188)
Principal Place	e of Business	Mailing Address				
9800 NW 100 RI		-9800 NW 100 RD				
MEDLEY FL 331	78	MEDLEY FL 33178 US		DO NOT WRITE IN TH	S SPACE	
US		00		3 Date Incorporated or Qualifed		
i				08/09/1983		
2. Principal Pl	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	<u> </u>	lied For
21		26		59-2361400		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22						
City.&:State		City & State	•	6. Election Campaign Financing	\$5.00 to Added to	
23	Country	28 J	Country	Trust Fund Contribution		7 7 6 6 3
Zip	Country	Zip	30	This corporation owes the current year to Personal Property Tax.		□No
24	25	29	301	10. Name and Address of New Registere		
	9. Name and Address	or Current Registered Agent	81 Name			
A U S1	FIN-RIGHARÐ			ress (P.O. Box Number is Not Acceptable)		
8 390	NW 53 ST		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		}
3 00 -			83			
MIAN	II FL 33166			STE -100		
			84 City	Tiani. F	L 85 Zip C L 33.	00e 164
44 Pursuant	to the provisions of Sections	s 607.0502 and 607.1508. Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its	egistered
office or re	enictored agent or both in t	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori	thorized by the comoration	on's board of directors. I hereby accept the app	ointment as reg	istered
	in particular with, and accept	Certifications of Section 607.0000, Flori	da Glatatoo.	1-25	,99)
SIGNATURE	Signature, typed or printed name of re		Registered Agent signature require	ed when reinstating) DATE		
12		CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PST	☐ DELETE	1.1 TITLE		Change	Addition (
NAME	PRICE, WALTER S		1.2 NAME			1
STREET ADDRESS	2690 RIVERA CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE		Change	
NAME		·	2.2 NAME			{
STREET ADDRESS):		2.3 STREET ADDRESS			
CITY-ST-ZIP		Closuste.	2.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			
NAME			3.2 NAME			}
STREET ADDRESS			3.3 STREET ADDRESS			İ
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE		- DELETE	4.1 TITLE			
NAME			4.2 NAME			}
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 OFF OF 750			I
		□ DELETE	4.4 CITY- ST-ZIP		☐ Change	Addition
TITLE .		☐ DELETE	5.1 TITLE	•	Change	Addition
TITLE NAME		☐ DELETE		•	Change	☐ Addition
NAME STREET AODRESS		☐ DELETE	5.1 TITLE 5.2 NAME	•	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	•	☐ Change	☐ Addition
NAME STREET AODRESS			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	•		

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the product of the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if made under oath; that I am an trustee empowered in the same legal effect as if the same 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this indicated on this annual report or supplemental arms officer or director of the corporation or the receiver or Block 12 or Block 13 if chanced, or on an artis

SIGNATURE