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

PROFIT CORPORATION **ANNUAL REPORT**

1999



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-21-1999 90112 005 ***150.00

DOCUN 1. Corporation SERVNET							
Principal Place	of Business	Mailing Address				MENT BINE MINIS	Mari mini inni
4421 N W POWERLINE RD P.O. BOX 8937 FT LAUDERDALE FL 33309 FT. LAUDERDALE FL 33310-8 US US					DO NOT WRITE IN THIS SPACE		
,	*	N=1 -			3. Date Incorporated or Qualifed		
					03/12/1984		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For
26		26			59-2395278	No	ot Applicable
		Suite, Apt. #, etc.	etc.		5. Certifcate of Status Desired	\$8.75	
27					5. Certificate of Status Desired	Fee Re	equired
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip	· Linit		Country	/	8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24	9. Name and Address of Current		-,		10. Name and Address of New Registered	d Agent	
	3. Name and Address of Current	Bain	81	Name			
Ruppenthal, Samuel H				C4 1 4 1 1	(D.O. Day Number is Not Assessible)	(7.0.0	
4421 NW POWERLINE RD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		İ
FT. LAUDERDALE FL 33309			83				
			84	City	FI	85 Zip	Code
office or re agent. I ar	to the provisions of Sections 607.0500; ggistered agent, or both, in the State on familiar with, and accept the obligated signature, typod or printed name of registered agen	of Florida. Such change was autr tions of, Section 607.0505, Florida	orized by a Statutes	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the	ontunent as re	agistored .
12.	0.1102.101.112.2.112.11		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	· .		1.1 TITLE			☐ Change	Addition
NAME :	FLETCHER, GEORGE P						1
STREET ADDRESS	TIET TO THE TENE		1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP.	a ran		T Addising
TITLE	Ρ .	. DELETE 2.1-TI				Change	☐ Addition
NAME	HOIT ENTINE, OAMOCE II		2.2 NAME				{
STREET ADDRESS	4421 N W POWERLINE RD 238		2.3 STREE	T ADDRESS		•	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	DELETE 3.1 TI		3.1 TITLE			☐ Change	☐ Addition
NAME	3.2 N		3.2 NAME				
STREET ADDRESS	*		3.3 STREE	T ADDRESS	•		
C/TY-ST-ZIP		<u>_</u>	3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME		!	4. 2 NAME		 _ _ _ _ _ 	_	
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	<u> </u>		
TITLE	_		5.1 TITLE			Change	☐ Addition
NAME		52 N					
STREET ADDRESS				TADDRESS	8 2 de 2 de 10 et 10 de	1, :"	•
CITY'ST-ZIP	<u>. : : '</u>	——————————————————————————————————————	5.4 CITY-S	ST-ZIP			Addition
TITLE !	U OLCCIE		6.1 TITLE			☐ Change	☐ Addition
NAME	and the state of the state of	1	6.2 NAME				
STREET ADDRESS				ET ADDRESS			Ì
CITY-ST-ZIP			6.4 CITY-5	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 attactionent with an address with all other the empowered.

SIGNATURE: 9