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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 # H44314 1. Corporation Name

OPR SERVICES INC

OFD 3L	TIVICES, NAC.								
Principal Plac	ce of Business	Mailing Address			<b></b>	<b>BIB</b> IT BEST <b>BESTE BEST 11</b> 51	)	81811 BEBAL KIKI	U(B) }   J
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1 LAS OLAS CIRCLE #501 STE 501					'				
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US		US			1	corporated or Qualife	ed		
					02/21/				
2. Principal Place of Business 2a. Mailing Address				4. FEI Nun			- 1	pplied For	
21 26				59-250	<u>)2785                                    </u>			lot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcat	te of Status Desired			Additional
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City & Stat	te	City & State			1	Campaign Financin	g 🗆	•	May Be
23 Zin	Country	28	Carretar		+	ind Contribution	·		to Fees
Zip	Country	Zip	Country			poration owes the c	urrent year In		
24	25   9. Name and Address of Curre		30			Property Tax.	. Danistanad	Yes	□No
	5. Name and Address of Curre	ant Kegistered Agent	81	Name	TU. Name a	nd Address of Nev	v Kegistered	Agent	
BRIN	NK, ORVILLE P.			Hame					
	AS OLAS CIRCLE #501		82	Street Addre	ess (P.O. Box N	Number is Not Acce	ptable)		
	LAUDERDALE FL 33316		83				in in Alliga website a Takin thi Afrikan Me		6 4 2 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was au	es, the above uthorized by t	e-named corpo the corporation	oration submits n's board of dir	this statement for ti rectors. I hereby acc	ne purpose of cept the appo	changing its intment as re	s registered eaistered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes.					•	;
agent. I a		ations of, Section 607.0505, Flor						•	
agent. I a	Signature, typed or printed name of registered age	ations of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered Agent	t signature required	when reinstating);	VIOLANOSO TO S	DATE	ID DIDEOT	
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14. I hereby certify that the information supplied with this filing to indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or tristee Block 12 or Block 13 if changes or on an attachment with an es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an employed to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90007 019 \*\*\*150.00