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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 1998 DIVISION OF CORPORATIONS

FILED Apr 29 1998 8:00am Secretary of State

DOCUMENT # H68600 1. Corporation Name SERVICES DIVERSIFIED TIME				
	SERVICES DIV	MSIFIND =	ENC.	
Principal Plac	ce of Business	Mailing Address		
, ,	4	5727 NW	17 Augus	
3/2///			11 phenoce	
Mumi FL 33142		MIAM FL 3314.		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
	,	•		7/24/1986
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21 26		26		59-263 (832 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22 27				Fee Required
City & Sta	le	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28} Zip	Country	Trust Fund Contribution Added to Fees
24	25	 	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
-	9. Name and Address of Current		30]	10. Name and Address of New Registered Agent
0	Λ / .		81 Name	
KANGE, ATHAILE 82 Street Address (P.O. Box Number is Not Acceptable)				
	(2-7 W) 17 A	24/12.00	Joe Street Addi	ess (i.o. box nomber is not Acceptable)
<u>.</u> ع	5/2-1 100 1171	~~~	83	
· V	Ange, ATHALU A 6727 NW 17 AN Miani RC 3314	tv	84 City	FL 85 Zip Code
11. Pursuant office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607 1508, Florida Statute f Florida, Such change was a	s, the above-named corputhorized by the corporati	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. La	am lamiliar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes.	
SIGNATURE	Signature typed or printed name of registered agonit	and total and anthropic	Registered Agent signature requir	
12.	OFFICERS AND		13.	ed whon reinstaining DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RANGE, ATHAlie		1.2 NAME	
STREET ADDRESS	RANGE, ATHALIE 5727 NW 17 AVENU MIAN RE 3314	~	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAN PL 3314	ν	1.4 CITY - ST - 7IP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addillon
NAME			2.2 NAME	
STREET ADDRESS	}		2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS	}		3 3 STREET ADDRESS	
CITY-ST-ZIP	-	DELETE	3.4. CITY-ST-ZIP	Change D Address
NAME		- betti	. 4.1 TITLE . 4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			4. 2 WAME 4.3 STREET ADDRESS	

6.4 City-ST-ZIP 14. I bereby 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 trustoe 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, an on an attachment with an address.

4.4 CITY - ST - ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY - ST- ZIP

5.2 NAME

6 1 7:TLE

62 NAME

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-2IP

TITLE NAME

TITLE

DELETE

DELETE

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