

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 SEP -6 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H73069 (7)

1. Corporation Name

SERVICE PROVIDERS, INC.

Principal Place of Business

Mailing Address

4710 MANATEE AVE. WEST
BRADENTON FL 34209
US

4710 MANATEE AVE. WEST
BRADENTON FL 34209
US

2. Principal Place of Business

2a. Mailing Address

21 17301 S.W. 248th St.

26 17301 S.W. 248th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Princeton, FLA.

27 Princeton FLA.

City & State

City & State

23 Zip 33032

Country DADE

28 Zip 33032

Country DADE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/27/1985

3a. Date of Last Report

07/07/1995

4. FEI Number

59-2604497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

100001950841
-09/18/96--01090--007
****225.00 ****225.00
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Type or print name of registered agent and title if applicable)

(If 100% Registered Agent signature is required when not holding)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDV ☐ DELETE

NAME SOCARRAZ, ALBERTO
STREET ADDRESS 17301 S.W. 248TH STREET
CITY - ST - ZIP PRINCETON FL

TITLE VTD ☒ DELETE

NAME SOCARRAZ, BARBARA
STREET ADDRESS 17301 S.W. 248TH STREET
CITY - ST - ZIP PRINCETON FL

TITLE V ☐ DELETE

NAME SOCARRAZ, MATTHEW
STREET ADDRESS 17301 S.W. 248TH ST.
CITY - ST - ZIP PRINCETON FL 33031

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

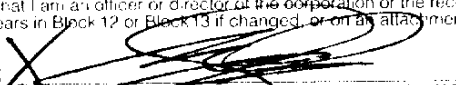
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

X-1-96 X305-247-9124