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May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H73069** **(7)**

1. Corporation Name
SERVICE PROVIDERS, INC.

Principal Place of Business	Mailing Address
17301 S.W. 248 ST PRINCETON FL 33032 US	17301 S.W. 248 ST PRINCETON FL 33031-1901 US

3. Date Incorporated or Qualified: 08/27/1985
3a. Date of Last Report: 09/06/1996

2. Principal Place of Business
21: 24763 SW. 177 Ave.
22: Suite, Apt. #, etc.
23: City & State: PRINCETON
24: Zip: 33031 25: Country:

2a. Mailing Address
26: P.O. Box 924068
27: Suite, Apt. #, etc.
28: City & State: PRINCETON FLA.
29: Zip: 33092406 8 30: Country: Dade

4. FEI Number: 59-2604497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOCARRAZ, ALBERTO
17301 S.W. 248TH STREET
PRINCETON FL 33031

10. Name and Address of New Registered Agent

81 Name: ALBERTO SOCARRAZ
82 Street Address (P.O. Box Number is Not Acceptable): 24763 S.W. 177 AVE
83:
84 City: Princeton **FL** 85 Zip Code: 33031

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 _____ 4-29-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SOCARRAZ, ALBERTO		1.2 NAME		
STREET ADDRESS	~~17301 S.W. 248TH STREET~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~PRINCETON FL~~		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOCARRAZ, MATTHEW		2.2 NAME		
STREET ADDRESS	17301 S.W. 248TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON FL 33031		2.4 CITY-ST-ZIP		
TITLE	V.P.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALBERTO K SOCARRAZ		3.2 NAME		
STREET ADDRESS	17301 S.W. 248 ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON, FL. 33031		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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, added or on an attachment with an address.

SIGNATURE: _____ 4-29-97