COF	PROFIT RPORATION JAL REPORT 1996	San Sec	FPARTMENT OF STATE dra B Mortham cretary of State OF CORPORATIONS		
DOCU L. Corporatio	MENT # J051	43 (9)			
,	LS SERVICE CORPORATI	ON			
		Mailing Address			DBB 1115 EIBH BIBH BIBH BIBH BIBH BIBH FIBH
P O BOX 3087 LONGWOOD FL 32779		P O BOX 3087 LONGWOOD FL 33	2779		
				3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Pr	lace of Business	2a, Ma'ling Address	··· · · · · · · · · · · · · · · ·	03/20/1986 4. FEI Number	05/01/1995
]		26		59-2651617	Applied For Not Applicable
Suite, Apt.	#, efc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	intangible tax under s. 199.032,
	9. Name and Address of Cur	29 rent Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New F	
 Pursuant s 	to the provisions of Sections 607 05	102 and 607 1508. Florida Pho	Lites the above period so	ratios entroits this state.	FL 5 2 5 5 5
familiar wi	to the provisions of Sections 607.05 ed agent, or both, in the State of Fith, and accept the obligations of, Se			oration submits this statement for the pu and of directors. Thereby accept the app	
familiar wi	th, and accept the obligations of, So Sgratine, build or pinded more directioned a	onut Such change was authocition 607.0505, Horida Statu		and of directors. Thereby accept the app	rpose of changing its registered offic ointment as registered agent. I am
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4. (IV-SI-ZIP

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 furnished 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 attachment with an address

SIGNATURE:

SIGNATURE

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