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Secretary of State

02-20-1999 90013 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J17416

1. Corporation Name

rng IVIA	INAGEIVIENT SERVICES, INC	, .			
Principal Plac		Mailing Address			
12908 AIR WAY STREET 12908 AIR WAY STREET PANAMA CITY FL 32404-833 PANAMA CITY FL 32404-8					
US US			DO NOT WRITE IN TH	IIS SPACE	
		••		3. Date Incorporated or Qualifed	
				06/02/1986	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2695787	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	Country	8. This corporation owes the current year	
24	9. Name and Address of Curren		30	Personal Property Tax.	☐ Yes ☐ No
	5. Name and Address of Curren	i Kegisterea Agent	81 Name	10. Name and Address of New Registere	ed Agent
YOU	ING, JUDITH C				
1290	08 AIR WAY STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PAN	AMA CITY FL 32404-2833		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose	of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporat	tion's board of directors. I hereby accept the app	pointment as registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.		
*	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: F	Registered Agent signature requir		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: F	Registered Agent signature requirents	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE: F	Registered Agent signature requirements. 1.1 TITLE		AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD KAISER, FRITZ	t and title if applicable. (NOTE: F	Registered Agent signature requited 13. 1.1 TITLE 1.2 NAME		
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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 in polemental actival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report of officer or director of the co

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FEB 21999 8508713750