

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J59407 (3)

1. Corporation Name

EXQUISITE SERVICES, INC.



Principal Place of Business

Mailing Address

600 S BARRACKS ST ~~STE 203~~
~~SUITE 203~~
PENSACOLA FL 32501
US

600 S BARRACKS ST ~~STE 203~~
~~SUITE 203~~
PENSACOLA FL 32501
US

3. Date Incorporated or Qualified
02/27/1987

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2829537

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PFAFF, SUZAN H.

600 S BARRACKS ST

~~STE 203~~

PENSACOLA FL 32501

81 Name

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

83

84 City

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 607.0502, Florida Statutes.

SIGNATURE

Suzan H. Pfaff

(NOTE: Registered Agent Signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSVP

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

PFAFF, SUZAN H.

1.2 NAME

STREET ADDRESS

336 FT. PICKENS RD #E109

1.3 STREET ADDRESS

CITY - ST - ZIP

PENSACOLA BEACH FL

1.4 CITY - ST - ZIP

TITLE

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

2.2 NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

6.2 NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

6.3 STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

6.4 CITY - ST - ZIP

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☐ DELETE

6.4 CITY - ST - 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 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, or on an attachment with an address.

SIGNATURE:

Suzan H. Pfaff

1-23-96

904 4345070

Date

Daytime Phone

CR2E034 (12/95)