FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

information indicated on this a I am an officer or director of t appears in Block 12 or Bloc

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 21 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J59407

(3)

EXQUISITE SERVICES, INC.

Principal Place of Business 600 S BARRACKS ST STE 203 SUITE 112 PENSACOLA FL 32501 US		Mailing Address			E 1081410 MINI MISIM 18111 MINI MAII SANI	TIĞLI DIĞIL DIĞIL BIBIL BIBIL	BINH INN
		600 S BARRACKS ST STE 203 SUITE 112 PENSACOLA FL 32501-8057 US					
				3. Date Incorporated or Qualified 02/27/1987			
2. Principal P	lace of Rusiness	2a. Mailing Address			4. FEI Number	 	pplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	· · · · ·			\$8.75	
22		27			Certificate of Status Desired	Fee Re	I
C-ty & State	ė.	City & State			6. Election Campaign Financing	\$5.00	
<u>23 j</u> Zip	Country	28 Zip	Countr	у	Trust Fund Contribution 8. This corporation has liability for it		
24	25	29	30	<u> </u>	Florida Statutes	Yes 🗌 No	. 100.002,
	g. Name and Address of Curren	nt Registered Agent		I M	10. Name and Address of New Re	gistered Agent	
	FF, SUZAN H.		81	Name			
	S BARRACKS ST TE 112		82	Street Add	fress (P.O. Box Number is Not Acceptab	le)	
	ISACOLA FL 32501		83)	· · · · · · · · · · · · · · · · · · ·		
1 641	10/100011 £ 02001		84	City	<u>, , , , , , , , , , , , , , , , , , , </u>	es 7io	Code
						FL 1	
11. Pursuant office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State	2 and 607.1508, Florida State of Florida State	utes, the above	re-named corpora	poration submits this statement for the parties acceptation and of directors. I hereby accept	urpose of changing it	s registered
agent La	mifamiliar with, and accept the obliga-	ations of, Section 607.0505, f	Florida Statute	is.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	DTE: Registered Ac	upat erutancia tneu	ired when reinstating)	DATE	
12.	OFFICERS AN	·····	13.		ADDITIONS/CHANGES TO OFFIC		IS IN 12
TRUE	PSVP	DELETE	1.1 TITLE			Change	Addition
NAME	PFAFF, SUZAN H.		1.2 NAME				
STREET ADDRESS	336 FT.PICKENS RD#E109 PENSACOLA BEACH FL			T ADDRESS			
CITY-ST-ZIP TOLE	PENSAUULA DEAUN FL	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP		Change	Addition
NAME			2.2 NAME			Cara Carango	1.00.1101
STREET ADDRESS				T ADDRESS	5 9		
CITY - ST - ZIP			2. 4 CITY	ST-ZIP			
TOTLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CHY-ST-ZIP TIBLE		DELETE	3.4. CITY- 4.1 TITLE			Change	Addition
NAME		turni Principal	4. 2 NAME				La risonium
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	the second secon	1 hritze	5.4 CITY -	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T Access	
TOLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME GARRIA LEROMERO			6.2 NAME				
STREET ADORESS				ET ADDRESS			
011Y-\$1-20F 14. I do herel	by certify that the information supplie	d with this filing does not au	6.4 City- alify for the ex	emation state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatio Lam an o	on indicated on this armulate in a flicer or director of the corporation of	the receiver or trastee emp	owered to exe	cute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made un tatutes; and that my j	der oath; that