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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

J83492

(5)

CERTIFIED SERVICE CENTER, INC.

FILED Feb 02 1998 8:00am Secretary of State

| CENTIF | IED SERVICE CENTER, INC. | | | | | | | | | | |
|----------------------|--|-------------------------------|----------------------|--------------------------------|----------------------|--|---|------------------------|------------------------|---------------------------------|--|
| Principal Place | e of Business | Mailing Address | | | | - II | 081)18 0101 18180 1111 01610 18118 101 | fifit Bifit | Atom diam di | 831 0 1931 1001 | |
| 1369 SAGE DRIVE | | 1369 SAGE DRIVE | | | | | | | | | |
| DUNEDIN FL | 34698 | DUNEDIN FL 34898 | | | | | DO NOT WRITE | IN THIS S | SPACE | | |
| | | | | | | | e Incorporated or Qualified /24/1987 | | | | |
| 2. Principal P | ace of Business | 2a. Mailing Address | | | | | Number | | \Box | Applied For | |
| 21 1415- | D Pinehurst Kd. | 26 | | | | 5 | 9-2836475 | | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | tificate of Status Desired | | • | Additional | |
| 22 | | 27 | | | | | , | | | Required | |
| City & State | | City & State | | | | l l | tion Campaign Financing | | | May Be | |
| Zip Country | | Zip Country | | | | + | st Fund Contribution | | | d to Fees | |
| 24 34698 25 | | 29 30 | | | | This corporation owes or has paid Personal Property Tax due June 3 | | | | | |
| <u> </u> | 9. Name and Address of Current | | 1301 | 1 | | | ne and Address of New Reg | | | | |
| HAGAN, MARK | | | | | Name | | | | | | |
| 1389 SAGE DRIVE | | | | - | Cironi Addres | (O O I | Box Number is Not Acceptable | ۱۵۱ | | | |
| DUNEDIN FL 34698 | | | | 62 | Street Addres | iss (r.u. i | sox Mulliper is Mot Acceptable | e) | | | |
| 00 | 112011 12 01000 | | | 83 | | | | | | | |
| | | | | B4 | City | | · | | 85 Zip | p Code | |
| | | | | | City | | | FL | 105 24 | 7000 | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat | st Florida. Such change was : | authorizea | d by l | the corporatio | oration sul on's board | omits this statement for the pi I of directors. I hereby accep | urpose of t the app | changing ointment a | its registered as registered | |
| • | The section of the se | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOT | E. Registere | d Agent | l signature required | | | DATE | | | |
| 12. | OFFICERS AND | | 13. | | | ADD | TIONS/CHANGES TO OFFIC | ERS AND | | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | | | | ☐ Change | Addition | |
| NAME | HAGAN, MARK | 1.2 N | | - | | | | | | | |
| STREET ADDRESS | 1369 SAGE DRIVE | | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | DUNEDIN FL | I ntitre | 1.4 CI | | - ZIP | | | - | Change | Addition | |
| TITLE | TSD HACAN MADIE | ☐ ncrese | _ | | 21 TITLE | | | | Cliange | Abbillion | |
| NAME | | | | 2.2 NAME 2.3 STREET ADDRESS | | | | | | | |
| STREET ADDRESS | DUNEDIN FL | | | 2.4 CITY-ST-ZIP | | | • | <u>~</u> | | 1 | |
| CITY-ST-ZIP TITLE | DONLORY | DELETE DELETE | | 3.1 TITLE | | | | | Change | Addition | |
| NAME | | | | 3.2 NAME | | | | | _ | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | ODRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | | | | | | | |
| TITLE | <u> </u> | DELETE 4.1.T | | | | ······································ | | | ☐ Change | Addition | |
| NAME | | | 4. 2 N | AME | | | | | | | |
| STREET ADDRESS | | | 4.3 ST | REET A | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST- | - Z IP | | | | | | |
| TITLE | | ☐ DELETE | 5.1 10 | TLE | | | | | ☐ Change | Addition | |
| NAME | | | 5.2 N/ | AME | | | | | | | |
| STREET ADDRESS | | | 5.3 ST | rreet A | ODRESS | | | | | | |
| CITY-ST-ZIP | | | _ | TY-ST | · ZIP | | | | | | |
| TITLE | | ☐ DELE TE | 6.1 T(| | | | | | ☐ Change | : Addition | |
| NAME | | | 6.2 NA | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | pertify that the information supplied wit | ren kulturular | 6.4 CI | IY-SI | -ZiP | Continu 44 | 0.07/2)/i) Elorido Chabitas 14 | ludher es | etifu that th | no information | |
| 14. I nereby C | ertity that the information supplied wit | n mis ming does not quality t | OL THE BXE | manı | on stated in 5 | 26000U | alorgająją monda atatutės. I t | armer ce | any matt | io init/mation | |

1. 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, or on an attachment with an address.

NATURE WATER TO BE CHANGED, OF ON AIR MARIE HAS

11199

812,233-1677