:COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

# FILED
# Jul 08, 1999 8:00 am
# Secretary of State

07-08-1999 90032 019 ***550.00

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PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

)OCUMENT # K24192
Corporation Name
ONLINE SERVICES, INC.

| rincipal Place of Business | Mailing Address |
|---|---|
| 6835 SUNSET STRIP<br>SUNRISE FL 33313<br>JS | 6835 SUNSET STRIP<br>SUNRISE FL 33313<br>US |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| Principal Place of Business | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified: 05/19/1988 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 27 | 4. FEI Number: 65-0124818 | ☐ Applied For ☐ Not Applicable |
| City & State | City & State 28 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| Zip / Country 25 | Zip 29 / Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| | | 8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

HILL, SHELDON H.
6835 SUNSET STRIP
SUNRISE FL 33313

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City FL 85 Zip Code

1. 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 607.0505, Florida Statutes.

IGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| LE / PD<br>ME / HILL, SHELDON H.<br>REET ADDRESS / 5870 NW 20 STREET<br>Y-ST-ZIP / LAUDERHILL FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☑ Change ☐ Addition<br>P.D.<br>HILL, SHELDON H<br>3344 INVERRARY BLVD., WEST.<br>LAUDERHILL, FL 33319 |
| LE / ME / REET ADDRESS / Y-ST-ZIP | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| LE / ME / REET ADDRESS / Y-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| LE / ME / REET ADDRESS / Y-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| LE / ME / REET ADDRESS / Y-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| LE / ME / REET ADDRESS / Y-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

. I 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.

**IGNATURE:** _____ 6/30/99 (954) 746-8355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)