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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | Corporation | | # K49 E SERVICES, IN | | (3) | | | | | | | | |
|---|---|------------------------|--------------------------------------|---------------|--|--------|---------------------------------|--------------------|----------------------------------|--|--------------------|------------------|---------------|
| Pri | Principal Place of Business Mailing Address | | | | | | | | | i 18948411 DIA 84547 16484 14914 BIA | | IFAN BARA NINA O | HAK DIDA HODI |
| 12329 N.W. 35TH ST 12 | | | | | 12329 N.W. 35TH ST CORAL SPRINGS FL 33065 | | | | DO NOT WRI | TF IN THIS | SPACE | | |
| | | | | | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | | | | | 12/05/1988 | | | |
| - | Principal P | | | | 2a, Mailing Address | | | | 4. FEI Number | | — ⊢ ⊢ ∸ | plied For | |
| 21 | Suite, Apt. #, etc. | | | 26 | Suite, Apt. #, etc. | | | | 65-0086368 | | \$8.75 A | t Applicable | |
| 22 | Suite, Apr. #, etc. | | | ⊢ | 27 | | | | 5. Certificate of Status Desired | | Pee Re | | |
| | City & State | | | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | · | |
| 23 | - ' | | | <u> </u> | 26 | | | - 1 | Trust Fund Contribution | | Added t | | |
| | Zip | Country | | | Zip Count | | | | | 8. This corporation owes or has | | | |
| 24 | 25 29 30 30 Q. Name and Address of Current Registered Agent | | | | | | т— | | | Personal Property Tax due Ju- 10. Name and Address of New I | | | No |
| | | | | arren negiste | 160 Agoilt | | B1 | Name | | IU. Hame and Address of Hear I | registered | Agont | |
| WHITE, ROBERT A. 1401 UNIVERSITY DR | | | | | | | 82 | | | Address (P.O. Box Number is Not Acceptable) | | | |
| SUITE 600 | | | | | | | 83 | | | | | | |
| CORAL SPRINGS FL 33071 | | | | | | | | | | | | | <u> </u> |
| | | | | | | | 84 City | | | | FL | | |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of char 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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profest agent and took applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| 12. | | OFFICERS AND DIRECTORS | | | 13. | | | | ADDITIONS/CHANGES TO OF | ICERS AN | | | |
| TITLE | | PD | nn nontne o | | DETELE | | HTLE | | | | | L Change | ☐ Addition |
| NAME OTOGET ADDRESS | | | ER, ROBERT S. | | i i i i i i i i i i i i i i i i i i i | | | NAME | | | | | |
| STREET ADDRESS | | | N.W. 35TH ST L <u>Spring</u> s fl | | • | | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | VSD | L SPRINUS FL | | DELETE | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | President | | Change | Addition |
| NAME | | HOFFER, ALLEN R. | | | " | | 2.2 NAME | | | A. A.C. DIOLETTI | | 4 | |
| STREET ADDRESS | | 12329 N.W. 35TH ST | | | 23 | | 23 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | L SPRINGS FL | | | | 2 4 CITY-ST-ZIP | | | | | | |
| TITLE | | | DELETE | | | 3.1 1 | | | Vi | ce President ynn Hoffer 1329 NW 35 | | Change | Addition |
| NAME | | | | | | 3.2 N/ | | IAME | | YNN Hoffer | | | |
| STREET ADDRESS | | | | | | 3.3 9 | 3.3 STREET ADDRESS | | 19 | 7394 UM 32 | 2 T | | |
| | Y-ST-ZIP | | | <u></u> | | | CITY-S | ST-ZIP | | rae Springs | FL | | |
| TITL | 4 | | | | ☐ DELETE | | ITLE | | | • | | ☐ Change | Addition |
| NAME OTOSET ADDRESS | | | | | | 1 | 4. 2 NAME 4.3 STREET ADDRESS | | 1 | | | | |
| | EET ADORESS | | | | | | | i | | | | | |
| CIT | Y-ST-ZIP | | | | DELETE | 5.1 7 | CITY-S | 1 - 115 | | | | Change | Addition |
| NAA | | | | | | | NAME | | | | | | |
| | EET ADDRESS | | | | | | | ADDRESS | - | | | | |
| | Y-ST-ZIP | | | | | | 5.4 CITY-ST-ZIP | | | | | | į |
| TITL | | | DELETE | | | | 6.1 TITLE | | | | | Change | Addition |
| NAA | AE | | | | | 6.2 N | NAME | | | | | | |
| STR | EET ADDRESS | | | | | 6.3 5 | TREET | ADDRESS | | | | | |
| 0170 | | ì | | | | | | | 1 | | | | 1 |

14. 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.

FILED

May 05 1998 8:00am

Secretary of State