							<u>.</u>	
<u> </u>	E NOW: FIL	ING FEE AF	TER MAY 1 IS	S \$225.00				
COR ANNL	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUI 1. Corporation	MENT #	K60297	(4)					
		I, SERVICES, INC	j.					
Principal Place of Business Mailing Address			Mailing Address	······································		O DIJI O DIFO FIQUE IQUI	i ilgi denir bibil di	Cfi Bibli Bibli Dfili (60)
696 FIRST AVENUE NORTH 696 FIRST AVENUE NORTH SUITE 303 SUITE 303								
ST. PETERSB	IURG FL 33701		ST. PETERSBURG FL 33	3701		rated or Qualified		Last Report
2. Principal Pla	ace of Business	, 2	a. Maling Address		01/24/19 4. FEI Number		U6/2	8/1995 Applied For
Suite, Apt	361055 P	26	Suite, Apt. #, etc.		59-291	4460		Not Applicable
22 501	6 1210	27	1		5. Certificate of	Status Desired		8.75 Additional Fee Required
City & State		+ floride 28	City & State		6. Election Cam Trust Fund C			\$5.00 May Be Added to Fees
Zip 24 ・ろろつ	Cou 25	intry	Zψ)	Country	8. This corporat	ion has liability for		
ا درب المعا		dress of Current Regi		<u> 30 </u>	Florida Statut	es Yes	□ No legistered Age	ent
696 FIRS SUITE 30	george L., III St avenue norti 03 Ersburg FL 3370			82 Street .	POPOE L Has Address (P.O. Box Numb PIOBRESS: Uite 1210	LES Les Not Acceptable PAZE		
				84 City	Arkisbur		FLI	2p Code 3370
11. Parsuancu or registere familiar wit	ા the provisions or અદ ad agent, or both, in t h, and accept the obi	ictions 607.0502 and e the State of Floridal Sur ligations of, Section 601	-07.1508, Florida Statutes ch change was authorize 7.0505, Florida Statutes	 a, the above-named oc id by the corporation's 	orporation submits this sta board of directors. I here	itement for the pur by accept the app	rpose of chang- ointment as reg	ng its registered office estered agent. I am
SIGNATURE								_
12.	Signature, typical oxifirmiziona	OFFICERS AND DIRE		t Brigistere (Agent signicion in 13.		CHANGES TO OFF	DATE ICERS AND DIE	PECTORS IN 19
TIFLE	DP CEOP		DELETE	1 1 TITLE		TINGLO TO O		Change Addition
NAME STREET ADDRESS	HAYES, GEORG 696 1ST AVE. N	•		1.2 NAME	1 One way of	· (1	
CITY-ST-ZIP	ST. PETERSBU			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	1 Probless &	1022 501 111: 512 3	となりと	
TITLE			☐ DELETE	2 1 TITLE		(16)) IC		Change
NAME				2.2 NAME				
STREET ADDRESS CITY-ST-Z-2				2.3 STREET ADDRESS				
TITLE			DELETE	2 4 C(TY - ST - Z(P) 3 1 F(TLE)			П	Change Addition
NAME			<u>_</u>	3.2 NAME			L ,	mange [] Addition
STREET ADDRESS				3.3 STREET ADORESS				
CITY-S1-712				3.4 CITY - \$1 - ZIP				
TITLE			☐ DELETE	4 1 TITLE				hange 🔲 Addition
NAME STREET ADORESS	I			4.2 NAME				
CITY-ST-ZIP				4.3 SPHEET ADDRESS				
TITLE			DELETE	4 4 CITY - SI - ZIF			ПО	hange 🗍 Addition
NAME			_	5.2 NAME			_	
STREET ADDRESS				5.3 STREET ADDRESS	900	00182	2989:	9
CITY - ST - ZIP				5.4 CITY - ST - ZIP	-05/2	20/96010	<u> 158023</u>	
TITEF NAME			DECETE	6 1 TITLE 62 NAME	***60	0.00		hange [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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.

6.4 CITY - ST - ZIF

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CHTY-ST-ZiP

GEORGE L. HAYESTIT

4 24 96