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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K67582

1. Corporation Name

YOUR P	lace or mine title serv	ICES, INC.						
Principal Place	of Business	Mailing Address) 	1411 01011 1801	
121 SW 96TH TERR #103 121 SW 96TH TERR #103 PLANTATION FL 33324 PLANTATION FL 33324					DO NOT WRITE IN TI	HIS SPACE		
					3. Date Incorporated or Qualifed 02/22/1989			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21		26			65-0098658		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip	Country	/	8. This corporation owes the current year			
24	25		30		Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Register	ed Agent		
TUIL	CNA DALII		81	Name				
THILEM, PAUL 6554 NW 43RD CT			82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33067			83					
			84	City		85 Zip C	Sode	
office or r	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent	of Florida. Such change was autions of, Section 607.0505, Florid	thorized by da Statutes	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the appearance of the purpose of when reinstaing)	ppolitiment as ret	gistered	
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PVS DELETE 1.1		1.1 TITLE			☐ Change	☐ Addition	
NAME	QUINN, JANET 12N		1.2 NAME					
STREET ADDRESS	121 SW 96TH TERR #103		1.3 STREE	TADDRESS				
CITY-ST-ZIP	PLANTATION FL 1.44		1.4 CITY-5	ST-ZIP				
TITLE	T DELETE 2.1 T		2.1 TITLE			Change	☐ Addition	
NAME	QUINN, JANET 22 N		2.2 NAME					
STREET ADDRESS	121 SW 96TH TERR #103		2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			FTT A 4 MM	
TITLE	☐ DELETE 3.11		3.1 TITLE	}		☐ Change	Addition	
NAME			3.2 NAME				İ	
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP		□ Cheann	Addition	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	[] Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			☐ Addition	
TITLE		☐ DELETE	5.1 TITLE			Change		
NAME			5.2 NAME	T ADDOCCO				
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP		C belete	5.4 CITY-5	S1-2P		Chanca	☐ Addition	
TITLE		☐ DELETE	6.1 TITLE	1		Change		

14. 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 any attachment with an entress, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR