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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # K86178



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90058 023 ***150.00

COMMU	NITY SERVICES, INC.					
Principal Plac	e of Business	Mailing Address			1 (\$0.00) inches trait (000) inches	it Bilbit Bilbit Atlant Bilbit Bilbit atlan
P.O. BOX 916 P.O. BOX 916						
BRADENTON FL 34206-7916 BRADENTON FL 34206-7916					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	10 Of AGE
					05/08/1989	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 · · · · · · · · · · · · · · · · · · ·		26		65-0119751	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip Country Z		Zip			8. This corporation owes the current year	
24			0		Personal Property Tax.	Yes No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registere	a Agent
RAD	CUS, DIANE S.		01	Name		
2233 11TH AVENUE, WEST			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34205			83			
5101	DENTISH TE GIESS		00			
			84	City	F	85 Zip Code
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblic	e of Florida. Such change was autleations of, Section 607.0505, Florid	horized by la Statutes	the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose representation of the purpose ration's board of directors. I hereby accept the appropriate purpose the purpose representation of the purpose ration of the purpose	ointment as registered
12.	Signature, typed or printed name of registered as	NO DIRECTORS	13.	it signature rec	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	S	☐ DELETE	1.1 TITLE		7,000,000	☐ Change ☐ Addition
NAME	ALLEN, ELISE M		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-S	r-zip		
TITLE	VPT	☐ DELETE	2.1 TITLE			
NAME	BARCUS, NELLIE		2.2 NAME			
STREET ADDRESS	4500 0514 0155 114 000		2.3 STREET	ADDRESS		
CITY-ST-ZIP	PALMETTO FL	_	2. 4 CITY-S	T-ZIP	BRADENTON	
TITLE	P	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	BARCUS, DIANE S		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-S	T-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME	-		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	F-ZIP		C Addition
TITLE		☐ DELETÉ	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	4000000		
STREET ADDRESS			5.3 STREET 5.4 CITY-ST			!
CITY-ST-ZIP				1-214		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME			□ cuarde □ vaginori
NAME			6.3 STREET	TADDDECC		ļ
STREET ADDRESS			6.4 CITY-S			
CITY-ST-7IP	l .		0.4 0111-5	1-216		

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, with all other like empowered.

SIGNATURE: _

941-746-4998