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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K93272

(8)

Principal Place of Business 714 CARIBOU DRIVE KISSIMMEE FL 34759 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1989 2. Principal Place of Business 2a. Mailing Address 2f. Mailing Address 2f. Mailing Address 2f. Mailing Address 2f. Certificate of Status Desired 2f. City & State 2f. City & State 2f. Country	1. Corporatio		RVICES, INC.	_	(-)									
A CARRISOLID PRINE TAYS	Principal Plac	e of Busines	ss		ading Address						A BIBAI DIDI	l Dada da		
Country 2	-		•		•									
2. Principal Place of Business 24. Musting Actorops 25. Musting Actorops 26. Suns, April 9, etc. 26. Suns, April 9, etc. 27. Suns, April 9, etc. 28. Suns, April 9, etc. 29. Suns, April 19, etc. 29. Suns, April 9, etc. 29. Suns, April														
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Sales Apt #, #60	— , '				2a. Mailing Address				4.					```
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28			Country					,	8					
Name and Address of Now Registered Agent St Name Nam	24	25			F				-					
T14 CARIBOU DR. KISSIMMEE FL 34759 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Codo 11. Pursuant to the provisions of Sections (97.06.2° and 607.16.8. Florida Statutes, the above-named corporations submits bias statement for the purposes of changing is registered agent. I am familiar with, and accept the obligations of Sections 607.06.2° and 607.16.8. Florida Statutes, the above-named corporation's board of directors. I thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Sections 607.06.2° and 607.16.8. Florida Statutes, the above-named corporation's board of directors. I thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Sections 607.06.2° and 607.16.8 Florida Statutes, the above-named corporation's board of directors. I thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Sections 607.06.2° and 607.15.0° and 607.		9. Name												
KISSIMMEE FL 34759 11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registrored agent, or both, in the State of Lorida, Such change was authorized by the corporation's poard of directors. I hereby accept the appointment as registrored agent, and accept the obligations of, Section 607,0506, Florida Statutes, the above named corporation's poard of directors. I hereby accept the appointment as registrored agent, and accept the obligations of, Section 607,0506, Florida Statutes, the above named corporation's poard of directors. I hereby accept the appointment as registrored registered agent, and the provision of the obligations of, Section 607,0506, Florida Statutes, the above named after receiving. SIGNATIURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITIE 1 TIME 1 TIM							81	Name						
Bas							82	Street Addre	ess (f	P.O. Box Number is Not Acceptab	le)			
The Pursuant to the provisions of Socions 607 06.02 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registrand agent, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registrand agent, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registrand agent, and the deput-after agent age	KISSIMMEE PL 34/59													
The Pursuant to the provisions of Sections 607 05.02 and 607 15.08. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607 05.05, Florida Statutes. SIGNATURE The Purpose of Agent Symbol Private in Private Indicated agent and accept the obligations of, Socion 607 05.05, Florida Statutes. The Purpose of Agent Symbol Private Indicated agent and the displacation of Private Indicated Agent Symbol								City				85	Zip C	Code
SIGNATURE												.		
Signature typer of perfect dame of integerment apper sand this integer. 2	office or r agent. I a	to the provis registered ag im familiar wi	ions of Sections 607,056 jent, or both, in the State ith, and accept the oblic	02 and ⊍ e of Floric gations of	07.1508, Florida Statut da. Such change was , Section 607.0505, Fl	tes, the an authorized lorida Stati	by tes	e-named corpo y the corporations.	oratic on's l	on submits this statement for the place board of directors. I hereby accept	urpose o I the app	f chang oointmer	ing its at as r	registered registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature typed	or printed name of registered ag	gent and tille	if applicable (NO	11 Registered	Age	ant signature require	od whe	en reinstating)	DATE			
NAME COLOGERO, MARY GRACE 12 NAME 13 STRELL ADDRESS T42 CARIBOU DRIVE 13 STRELL ADDRESS KISSIMMEE FL 14 CITY-S1-ZIP COLOGERO, DANIEL 21 INTE COLOGERO, DANIEL 22 STRELL ADDRESS CITY-S1-ZIP COLOGERO, DANIEL 23 STRELL ADDRESS CITY-S1-ZIP COLOGERO, DANIEL 24 CITY-S1-ZIP COLOGERO, LYNDA 32 NAME COLOGERO, LYNDA 32 NAME COLOGERO, LYNDA 32 STRELL ADDRESS CITY-S1-ZIP COLOGERO, LYNDA 32 NAME COLOGERO, LYNDA 33 STRELL ADDRESS CITY-S1-ZIP COLOGERO, LYNDA 33 STRELL ADDRESS CITY-S1-ZIP COLOGERO, LYNDA 44 CITY-S1-ZIP COLOGERO, LYNDA 44 CITY-S1-ZIP COLOGERO, LYNDA 44 CITY-S1-ZIP COLOGERO, LYNDA 44 CITY-S1-ZIP COLOGERO, LYNDA 45 STRELL ADDRESS CITY-S1-ZIP COLOGERO, LYNDA 44 CITY-S1-ZIP COLOGERO, LYND	12.				CTORS							DIREC	TORS	S IN 12
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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 clyfiged, or on an attachment with an address

MATURE Somela Colorer (Junda Colorer

1/2/90 0111122 060:

FILED

Apr 10 1998 8:00am

Secretary of State