## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	_1996 🤏	DIVISION C	DE CORPORATIO	INS		
DOCU	JMENT # K957	<b>'</b> 21 (2)				
	ER SERVICES, INC.	• • •				
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Principal Plac	ce of Business					
	129TH AVE	Mailing Address				. con a san a san a sait a sait aift aift (188)
DAVIE FL		1081 SW 129TH AVE DAVIE FL 33325				
					3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal (	Place of Business				06/15/1989	03/28/1995
21	riace of business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	. #, etc	Suite, Apt. #, etc.			65-0130699	Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & Sta	ite	City & State	· ··		6. Election Campaign Financing	\$5.00 May Be
7:0		28			Trust Fund Contribution	Added to Fees
Zip 14	Country 25	Zφ	Country		8. This corporation has liability for in	
.7]	9. Name and Address of Cur	rent Benistered Acent	30		Florida Statutes 😿 Yes	□No
		Tem riegistered Agent	81	Name	10. Name and Address of New Re	egistered Agent
MOSER, ANTHONY J.						
	SW 129TH WAY		82 :	Street Addres	ss (P.O. Box Number is Not Acceptable	e)
Davie,	FL. 33325 FL		83			
			84			Fi 85 Zip Code
<ol> <li>Pursuant or registe</li> </ol>	to the provisions of Sections 607.05 red agent, or both, in the State of Fil	002 and 607,1508, Florida Statul	tes, the above har	med corporati	ion submits this statement for the purp	
familiar w	rith, and accept the obligations of, Se	ection 607,0505, Florida Statute:	keu by the corpora \$.	ation's board	ion submits this statement for the purp of directors. Thereby accept the appoi	intment as registered agent, t am
SIGNATURE	Signature typed or parted hards of regulated ag	. No and the control of the control				
12.		AND DIRECTORS	Ft Fegiden/LAgence	ghalan regared v		DATE
TITLE	D	[] DFLETE	1 1 7.TLE	P. 0	ADDITIONS/CHANGES TO OFFICE	
NAME	MOSER, ANTHONY J.		1.2 NAME	'' *	•	Change Addition
STREET ADDRESS	1081 SW 129TH WAY		1.3 STREET AD	DRESS	4.1 1.4	
CITY-ST-ZIP	DAVIE FL		14 CITY - ST - Z	RIP J	Missory y Moser	)
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NAME	MOSER, JOYCE J.		2.2 NAME	''	Lode Lilose	<b>)</b> . — · —
STREET ADDRESS	1081 SW 129TH WAY DAVIE FL					
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14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SYLL MOLE JOUCE J MOSET V.P. 4-18-96 954-473-1475

REGISTURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Proces

Description Proc