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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90019 046 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L17342

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

COURTEOUS SERVICES, INC.

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Principal Plac	e of Business	Mailin	g Address			_	1 100 1100 1 000 1 100 1 1 100 1 1 1 1	II) 41619 1191 618	ti minii minii min	
% DOUGLAS K	(APLAN	% DOI	UGLAS KAPLAN							
18025 NE 9TH PL		18025	18025 NE 9TH PL				·			
n. Miami Beac	CH FL 33162	N. MIA	AMI BEACH FL 33162	?			4944	VRITE IN TH	IIS SPACE	•
							3. Date Incorporated or Quali	fed		
							09/21/1989			
2. Principal P	Place of Business	2a. Ma	ailing Address				4. FEI Number			Applied For
21		26					65-0149954			Not Applicable
Suite, Apt.	#, etc.	Su	uite, Apt. #, etc.				5. Certifcate of Status Desired	d 🗀	\$8.75	Additional
22	•	27					5. Certificate of Status Desired	·	Fee	Required
City & Stat	te	Cit	ity & State				6. Election Campaign Financi	ing _	\$5.0	0 May Be
23		28					Trust Fund Contribution	a 🗀	•	d to Fees
Zip	Country	Zip	p	Cou	intry		8. This corporation owes the	current year	Intangible	
24	25	29		30			Personal Property Tax.	•	Yes	□No
	9. Name and Address of Curre		ed Agent	11	Τ		10. Name and Address of Ne	w Registere	d Agent	
			-		81	Name				
KAP	LAN, DOUGLAS								<u> </u>	
1802	25 NE 9TH PLACE		•		82	Street Addre	ess (P.O. Box Number is Not Acc	eptable)	• • • •	11 19
	MAMI BEACH FL 33162	•			83		2 91 73 113 . again	<u> </u>	ere jeze je e je b oj (n. kija), bjekij dila	61 F18 : 816 3 1821
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					84	City	The grant of the second		85 Z	p Code
								F		
	4- 11						rection automite this statement for	the purpose.	of changing	its registered
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1	1508, Florida Statut	es, the a	bove	-named corpo	n'e board of directors. I bereby a	cont the ann	ocintment as	registered
office or r	registered agent or both in the State	te of Florida S	Such change was a	uthorized	1 by t	the comoration	n's board of directors. I hereby ac	cept the app	oointment as	registered
office or r agent. I a	to the provisions of Sections 607.03 registered agent, or both, in the Statum familiar with, and accept the oblig	te of Florida S	Such change was a	uthorized	1 by t	the comoration	n's board of directors. I hereby ac	cept the app	oointment as	registered
office or r	registered agent or both in the State	te of Florida. S gations of, Se	Such change was a ection 607.0505, Flo	uthorized rida Stati	d by t utes.	the corporation	when reinstating)	ccept the app	pointment as	registered
office or r agent. I a	registered agent, or both, in the Statem familiar with, and accept the oblig	te of Florida. S gations of, Se	Such change was a ction 607.0505, Flo	uthorized rida Stati	d by t utes.	the corporation	n's board of directors. I hereby ac	DATE	AND DIRECT	TORS IN 12
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signature 12. TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KAPLAN, DOUGLAS	te of Florida. S gations of, Se gent and title if app	Such change was a cition 607.0505, Flo	thorized rida Stati Registered 13. 1.1 TI 1.2 NA	d by tutes. Agent TLE AME	the corporation	n's board of directors. I hereby ac	DATE	AND DIRECT	TORS IN 12
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.