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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

L17812

(3)

COST SERVICES, INC.

Mailing Address

FILED
Jan 28 1998 8:00am
Secretary of State



2667 CALLIANDRA TERRACE COCONUT CREEK FL 33063		2667 CALLIANDRA TERRACE COCONUT CREEK FL 33063			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					09/20/1989	
Principal Place	of Business	2a. Mailing Address			4. FEI Number Applied For	
		26			65-0145498 Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
City & State		City & State			Fee Required	
City & State		$\vdash$			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible	
6	25	29	30	,	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current		1001		10. Name and Address of New Registered Agent	
MUI	DOFF, DAVID			B1 Nam	10	
	CALLIANDRA TERRACE			82 Strei	et Address (P.O. Box Number is Not Acceptable)	
	E 400			order Address (1.0. box Northber 1s Not Acceptable)		
	ONUT CREEK FL 33063			83		
	, O(15) O(15) (1 C O)			84 City	85 Zip Code	
					FL   2000	
	nature, typed or printed name of registered ayord OFFICERS AND		K Registered	Agent signal	ure required when reinslating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
rle	DP	DELETE	1.1 [1]	IF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
IME	MOLDOFF, DAVID	_	1.2 NA			
REET ADDRESS	2667 CALLIANDRA TERRACE	:		REET ADDRES		
ITY-ST-ZIP	COCONUT CREEK FL	•		Y-ST-ZIP		
TLE	DST	☐ DELETE	2.1 TIT		☐ Change ☐ Addilio	
AME	MOLDOFF, JEAN		2.2 NA	ME		
TREET ADDRESS	2667 CALLIANDRA TIRACE		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		2. 4 CI	IY - ST - ZIP		
MTLE		☐ DFLETE	3.1 (1)	.E	Change Addition	
NAME			3.2 NA	AE.		
STREET ADDRESS			3.3 STF	EET ADDRES		
CITY-ST-ZIP		Priese		Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITI		☐ Change ☐ Addition	
NAME			4. 2 NA			
STREET ADDRESS			ı	EET ADDRESS		
CITY-ST-ZIP		DELETE	5.1 TIT	Y-ST-ZIP	Change Addition	
TITLE			5.2 NAI		Change Moore	
name Street address			Į.	ril Eet address		
CITY-ST-ZIP				Y-ST-ZIP		
TITUE		☐ DELETE	617/7		☐ Change ☐ Additio	
NAME			6.2 NA	AE .		
STREET ADDRESS				EET ADDRESS		
	100		6.4 CiT	r - ST - ZIP		
14. I hereby	certify that the information suppli- d on this annual report or suppler r director of the corporation or the 2 or Block 13 if changed, or on a	this filing does not qualify for annual report is true and acc fer or trustee empowered to e ment with an address.	or the exer	nption sta	Led in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in	