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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 17 1997 8:00am Secretary of State

				-	
DOCUMENT # 4 34 905					
AC PI	LUS SERVICES, INC	• -			
Principal Place of Business Mailing Address				-	
4412 SOUTHMORE DR 4412 SOUTHMORE DR					
ORLAND	O FL 32812	ORLANDO FI	32812	3. Date Incorporated or Qualified 3	Sa. Date of Last Report
				12/06/1989	05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	# otc	Suite, Apt. #, etc.		59-2983770	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	C	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23	Country	28	Country	8. This corporation has liability for inter	ngible tax under s. 199.032,
24	25	29]	30		es 🗷 No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent
SPENCER, STEVEN A				(6.0.6.4)	
1500 E ROBINSON DI.			ress (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32803		83		
			84 City		85 Zip Code
	· · · · · · · · · · · · · · · · · · ·		1.1.		FL
11. Parsuant office or r agent La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of the familiar with, and accept the obligat	and 607.1508, Florida Stati If Florida: Such change was ions of, Section 607.0505, F	utes, the above-named corpora authorized by the corpora forida Statutes	poration submits this statement for the purp- tion's board of directors. I hereby accept th	e appointment as registered
SIGNATURE	, parting communication continues to the comparison of the compari				
12.	Storuline typed or premed name of registered agent OFFICERS AND		TE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
Trut	DPS	DELETE	1.1 TITLE		S AND DIRECTORS IN 12 Change Addition 5 Change Addition 5 Change Addition
NAM?	CHEHAB, ABDULLAT	IF M.	1.2 NAME		8
STREET ATOMET?	4412 SOUTHMORE D		1.3 STREET ADDRESS		ÜÜ
(00Y SI - 76	ORLANDO, FL 3281	2	1 4 CITY - ST - ZIP		
1/11/	T	☐ DELETE	21 TITLE		Change Addition O
NAME	CHEHAB, ABDULLAT	IF M.	2.2 NAME 2.3 STREFT ADDRESS		
SPREEL ADDRESS.	4412 SOUTHMORE DORLANDO, FL 3281	B	2.4 CITY-ST-ZIP		
007-51 ZP 10 T	OVIDUADO! ET 2501	DELETE	31 TITLE		Change Addition
NAM			32 NAME		
512777409E32			3 3 STREET ADDRESS		
69,51.75			3.4 CITY-ST-7/P		
hij:		☐ DELETE	41 TITLE		Change Addition
NYM			4. 2 NAME		
SHEET Ample on			4 3 STREET ADDRESS		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CHY 51 20		DELE TE	44 CITY - ST - ZIP 51 TITLE		Change Adultion
NAME		EJ PIECE	5.2 NAME		
SMEET 400 5 50 T			5.3 STREET ADDRESS		4NU112/0-
CHY St Zet			5.4 CITY-ST-2IP		///'Y''/\\
1011		☐ DELETE	61 TITLE	م د د در این	Change
NAME			62 NAME	-00002146 -04/17/9701000	2 54 ()
STHIRT ALLESS			63 STREET ADDRESS	700002146 -04/17/9701083 ***165.00	uca
201 r - St - 7#			6.4 CITY - ST - ZIP		
 14. Edo heret informate 	by certify that the information supplied in indicated on this annual report or su	with this filing does not qua pplemental annual report is	siry for the exemption state true and accurate and tha	d in Section 119.07(3)(i), Florida Statutes. I i It my signature shall have the same legal eff	curriner certify that the ect as if made under oath; that

4. Edo 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 arrive off corrector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name answers in Brock 12 or Block 13 if changed, or or an attachment filth an address.

GNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING

Abdullatif M. Chehab

2/19/97 (407)43

Daytime Phone #