PROF CORPOR ANNUAL F <b>199</b>	TIT RATION REPORT	San So	IS \$550.00 DEPARTMENT OF STATE dra B. Mortham Decretary of State N OF CORPORATIONS	May 09	FILED 1997 8:00an ary of State
<ol> <li>Corporation Name</li> </ol>	ICAL SERVICES, IN		LVD		
				3. Date Incorporated or Qualified 01/24/1990	3a. Date of Last Report 05/01/1996
2. Principal Place of	Business	2a. Mailing Addres	s	4. FELNumber 65-0174269	Applied For
Sulte, Apt. #, etc.		26] Suite, Apt. #, et	ç.	5. Certificate of Status Desired	88.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
]	Causta	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	30	<ol> <li>8. This corporation has liability fo Florida Statutes</li> </ol>	r intangible tax under s. 199.032,
					<b>FL</b>   <b>*</b>   <b>*</b>
office or register agent. I am fami IGNATURE	red adont or both in the S	State of Florida. Such change obligations of, Section 607.05	was authorized by the cornora	poration submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered DATE
office or register agent. I am fami GNATURE Signature	red agent, or both, in the S iliar with, and accept the c e. typed or printed name of registers	State of Florida, Such change obligations of, Section 607.05 ediagent and the it applicable S AND DIRECTORS	Was authorized by the corpora 05, Florida Statutes. (NOTI Registered Agent signature req. 13.	ation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered DATE
office or register agent. Lam fami GNATURE Signature LE D KUT2 REET ADDRESS IV-ST-ZIP FT L	red agent, or both, in the S iliar with, and accept the c e. typed or printed name of registers	State of Florida. Such change obligations of, Section 607.05 ed agent and tile if anylicatile S AND DIRE CTORS	Was authorized by the corpora 05, Florida Statutes. (NOTL Registered Agent signature requined 13, IE 1.1 IIILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ation's board of directors. I hereby acc	DATE
office or register agent. Lam fami IGNATURE 2. TLE D KUT2 REET ADDRESS TY-ST-ZIP FT L TLE D JANE HAE JANN REET ADDRESS 1713	red agont, or both, in the S lifer with, and accopt the c e. typed or priviled name of register OFFICE:RS 2, DONALD P. 10 PEDIGREE LANE	State of Florida, Such change obligations of, Section 607.05 ediagent and the it applicable S AND DIRECTORS	Was authorized by the corpora 05, Florida Statutes. (NOTI Registered Agent signature requ 13, IE 1.1 I/ILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ation's board of directors. I hereby acc	Purpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12 Change Addition
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