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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L47935 1. Corporation Name

REFERRAL SERVICE, INC.

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90084 032 \*\*\*150.00

112, 2711	WE SENTISE, INC.							
Principal Plac	ce of Business	Mailing Address					Ulbii Eieil Ui	DI ( BIDII 8/8/) (48)
6802 W HILLS	BOROUGH	6802 W HILLSBORG	HIGH					
SUITE 5		SUITE 5	20011					
TAMPA FL 33634 TAMPA FL 33634						DO NOT WRITE IN THIS	S SPACE	
US US						3. Date Incorporated or Qualifed		
						01/31/1990		
	Place of Business	2a. Mailing Addres	iS			4. FEI Number	Ш	Applied For
21		26				59-3102966		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, e	tc.			5. Certificate of Status Desired	•	5 Additional Required
City & Sta	te	City & State				6. Election Campaign Financing	· \$5.0	May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	∐Yes	□No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
	NNY, ALICE E			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	E SHORE DR				Oli eet Aud	dress (1.0. box Number is Not Acceptable)		
OLL	DSMAR FL 34677			83				
					01:			
				84	City	C1	85   Zi	p Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida	Statutes, the a	above	-named con	FL reporation submits this statement for the purpose of	f changing	its registered
office or i	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Such change oligations of, Section 607.050	was authorize 05, Florida Stat	d by t tutes.	the corporat	poration submits this statement for the purpose or tion's board of directors. I hereby accept the appo	f changing	its registered registered
agent. I a	registered agent, or both, in the St am familiar with, and accept the ob Signature, typed or printed name of registered	tate of Florida. Such change oligations of, Section 607.056 dagent and title if applicable.	was authorize 05, Florida Stat (NOTE: Registered	d by i tutes.	the corporat	poration submits this statement for the purpose or tion's board of directors. I hereby accept the apport	f changing intment as	registered
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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.

SIGNATURE: ALICE ELMANNY - Clienter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR