PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS					
	MENT # L63 9	27 (2)					
1. Corporation	n Name D SERVICE BY JACK BEL	L. INC.					
Principal Place	of Business	Mailing Address		4 FOREITSTE BIO BRIOR HEID (BIEG I	1011 1001 010H 010H	17811 BF811 BF811 B1811 1	Ш
	CKHAM RD. URNE FL 32904	295 S. WICKHAM RD W. MELBOURNE FL :					
US		US		3. Date incorporated or Qualified 04/10/1990		Last Report /01/1995	
2. Principal Pl. 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3007204		Applied For Not Applicate	
Suite, Apt	#, etc.	Suite Apt. #, etc	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		\$8.75 Additional	
Crty & Stale	>	27 City & State 28		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζφ 24	Country 25	7 p	Country 30	This corporation has liability for Florida Statutes Yes			
	9. Name and Address of Cur		30	Florida Statutes Yes 10. Name and Address of New		ent	
familiar wit	th, and accept the obligations of, S	ection 607.0505, Fiorida Statutes	od by the corporation's bo	oration submits this statement for the pu pard of directors. Thereby accept the app	FL	85 Zip Code ing its registered off gistered agent. I am	fice
12.		gest and the mappings (NO AND DIRECTORS	El Fregista and Agent a greature regin	ADDITIONS/CHANGES TO OF	DATE.	RECTORS IN 12	j
TITLE	PD Bell, Kimberly	☐ DELETE	1.111112		· · · · · · · · · · · · · · · · · · ·	Change	
NAME STREET ADDRESS	295 S. WICKHAM		1.2 NAM 1 1.3 STREFT ADDRESS				
City-St-ZiP	W. MELBOURNE FL	A.W. 48.4	1.4 CITY - ST - ZIP]
TITLE NAME	VD Bell, James E.	☐ DELETE	2 1 THL 1 2 2 NAM			Change 🔲 Addition	- (
STREET ADDRESS	295 S. WICKMAN RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	W. MELBOURNE FL		2.4 CITY -ST - ZIP				
TITLE	st Bell, Kimberly e.	☐ DELETE	3 1 TITE?			Change 🔲 Addition	3
NAME STREET ADDRESS	295 WICKHAM RD		3.2 NAM 3.3 STREET ADDRESS				
CITY-ST-ZIP	W. MELBOURNE FL		3.4 CITY ST-7IP				
TITLE		☐ DELETE	4 1 TITL			Change [] Addition	1
NAME			4.2 NAM:				
STREET ADDRESS			4.3 STRE-T ADDRESS				
CHTY-ST-ZIP THTLE		☐ DELETE	4 4 C-TY ST - ZIP		<u> </u>		
NAME		☐ occeit	5 1 TITLI 5 2 NAMe		L.J 0	hange	1
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5 4 City SI-2#				
TITLE		DELETE	6 1 TITLE			hange Add tion	1
NAME			6 2 NAME				
STREET ADDRESS			6.3 STRE IT ADDRESS				

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted empowers: 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 or an attachment with an address

6.3 STRE IT ADDRESS

SIGNATURE:

SIGNATURE AND TYPING PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/25/96

407-984-3252