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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 1 83314

KEY FOO	MENT # L833 DOSERVICE PRODUCT	S, INC.			
Principal Place of Business		Mailing Address		T 10814044 SAD (READ STAN 6640) OTHER ADDRAGAS AS	DIA BUDUN MUDUN AMANA BUMAN DABA
C/O VIVIAN D. HILTON 2120 CALUMET STREET CLEARWATER FL 34625		C/O VIVIAN D. HILTON 2120 CALUMET STREET CLEARWATER FL 34625-	1309		
					Date of Last Report 5/01/1996
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. i	#. elc	Suite, Apt. #, etc.		59-3014745	Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
7ip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
(a)	25	2.0	30	This corporation has liability for intang     Florida Statutes	Ible tax under s. 199.032,
	g. Name and Address of C			10. Name and Address of New Register	
HILT	ON, VIVIAN D.		81 Name		
	CALUMET STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CLEA	ARWATER FL 34625		83		
•			[63]		
			84 City	F	85 Zip Code
11. Pursuant I	to the provisions of Sections 60	07.0502 and 607.1508, Florida Stat	utes, the above-named cor		
office or r	egistered agent, or both, in the	State of Florida. Such change was	s authorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
anent Lar	m familiar with, and accept the	cobligations of Section 607 0505. I	Florida Statutes		mp
	m familiar with, and accept the	obligations of, Section 607.0505, I	Florida Statutes.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	
SIGNATURE	Signature typed or printed name of registe	ered agent and title if applicable. (N	Florida Statutes. OTE Registered Agent signature requ	wired when reinstating) DAT	E
BIGNATURE	Signature: typed or printed name of registr	ered agent and title if applicable. (N RS AND DIRECTORS	OTE: Registered Agent signature requ		E AND DIRECTORS IN 12
BIGNATURE	Signature typed or printed name of registronic OFFICEF	ered agent and title if applicable. (N	OTE Registered Agent signature requirements 13.	wired when reinstating) DAT	E AND DIRECTORS IN 12
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