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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90011 027 ***150.00

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DOCUN 1. Corporation	MENT # L918	90					
BUTLER	SERVICES, INC.			ļ.			
Principal Place	e of Business	Mailing Address		: I Mariant are saint lines to the saint and a saint and			
501 SOUTH FLAGLER DR. 501 SOUTH FLAGLER DR. FLAGLER CENTER. SUITE 505 FLAGLER CENTER. SUITE 505				DO NOT WEITE IN THE			
WEST PALM BE	EACH FL 33401	WEST PALM BEACH FL 33	3401	DO NOT WRITE IN THE 3. Date incorporated or Qualifed	S SPACE	_	
ed	<u> </u>			07/27/1990	l la contra		
	lace of Business	2a. Mailing Address		4, FEI Number	Applied Fo		
21	#	Suite Apt # etc		65-0216124	\$8.75 Additiona	-	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	Fee Required		
City & State City & State 23 28				6, Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes the current year in	ntangible □Yes ☑No		
24	<u>- [25]</u>	29	30	Personal Property Tax. 10. Name and Address of New Registere			
	9. Name and Address of C	Urrent Registered Agent	81 Name	(U. Name and Address Of New Togisters			
FRIE	DLAND, KIRK		20 21 111	(C.C. D. M. sharin Not A contable)			
	South Flagler Dr.		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)			
	GLER CENTER, SUITE 505		83				
· WES	T PALM BEACH FL 33401		84 City		85 Zip Code		
				<u> </u>	L		
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statut	tes, the above-named cor	rporation submits this statement for the purpose	of changing its register	ed	
		State of Florida, Such change was a	authorized by the corporat	tion's board of directors. I hereby accept the app	ointment as registered		
agent. I a	m familiar with, and accept the	State of Florida. Such change was a obligations of, Section 607.0505, Flo	authorized by the corporal	tion's board of directors. I hereby accept the app	ointment as registered	1	
agent. I a	m familiar with, and accept the	State of Florida. Such change was a obligations of, Section 607.0505, Flo	nuthorized by the corporation of the statutes.	tion's board of directors. I nereby accept the app	ointment 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP