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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1.	Corporation	MENT # M7686 SERVICES, INC.	66 (6)	,		ALAH ASAN AYAN DOM ANNO ANN 1987
Principal Place of Business Mailing Address			Mailing Address	· 		OLDIL BARAL BARAL OLDIL BARAL BARAL IADI
			1402 FOSTER AVE. PANAMA CITY FL 32401-	IEEE		
FAI	NAMES CITT	TL 32401	FARMA OILL FE SESUI-	1000		
					3. Date Incorporated or Qualified	3a. Date of Last Report
2.	Principal Pi	ace of Business	2a. Mailing Address		04/07/1988 4. FEI Number	01/26/1996 Applied For
21			26		59-2883447	Not Applicable
	Suite, Apt.	#, oto	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	City & State		City & State		6. Election Campaign Financing	Fee Required
23	Ony o chine	•	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip	Country	Zip	Country	8. This corporation has liability for in	
24		25 9. Name and Address of Curre	29	30	Florida Statutes 10, Name and Address of New Reg	Yes No
	RACI		ont registered Agent	81 Name	(U, Italijo aliu Addibaa VI IIaw Ito)	Asstalen v.Asur
		.ero, hector 2 Foster ave.		82 Street Add	dress (P.O. Box Number is Not Acceptable	الما
PANAMA CITY FL 32401			Sileet Add	gress (F.O. Box Number is Not Acceptable		
				83		
				84 City	<u></u>	FL 85 Zip Code
11.	. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	tes, the above-named cor	rporation submits this statement for the pr	
	office or re agent. Lar	egistered agent, or both, in the Stat m familiar with, arjor accept the obli	te of Florida. Such change was gations of, Section 607.0505, F	authorized by the corpora orida Statutes.	poration submits this statement for the pration's board of directors. I hereby accep	t the appointment as registered
	SNATURE	1 Joseph	<i></i>			~ 27 - 97 DATE
12.		Signature, typed or printed higher of registered a	geni and title it applicable (NO	TE: Registered Agent signature requ		
L		✓ OFFICERS AI				
TITL		V OFFICERS AI	ND DIRECTORS DELETE	13. 1.1 TITLE	alred when renetating) ADDITIONS/CHANGES TO OFFIC	
TITL	E	V MELERO, MERCY	ND DIRECTORS	13.		ERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

HECTOR MEISER

SIGNATURE:

FILED

Feb 04 1997 8:00am

Secretary of State