FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



Katherine Harris

COR ANNU	PROFIT PORATION AL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				Mar 10, 1999 8:00 ar Secretary of State 03-10-1999 90101 033 ***150.00	n
1. Corporation	MENT # M8141 Name RVICES, INC.	6				
Principal Place of Business 2011 JOHNSON ST. HOLLYWOOD FL 33020 US Mailing Address 2011 JOHNSON ST. HOLLYWOOD FL 33020 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/18/1988	'
2. Principal Pl	ace of Business	2a. Mailing Address				\Box
21 2011	prinson 5	26			65-0065753 Not Applicable	ie
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	
22 15017 were d 27 City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip			8. This corporation owes the current year Intangible	
24 330 70 25 29 3			٠اد		Personal Property Tax.	ᅴ
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registered Agent	\dashv
HERI	NANDEZ, ART				A CO De New Lea in New Assessment	\dashv
1316 N DIXIE HWY			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
HOLI	LYWOOD FL 33020		83			
			84	City	85 Zip Code	\dashv
					FL	_
office or re	edistored agent or both in the Stati	e of Florida. Such change was auth	ronzea ov	the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	۱
agent. I a	n familiar with, and accept the oblig	gations of, Section 607.0505, Florid	a Statutes	i.		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOTE: Re	egistered Age	nt signature req	quired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\Box
TITLE	PVD	☐ DELETE	1,1 TITLE		☐ Change ☐ Addit	ion
NAME	HERNANDEZ, ART		1.2 NAME			
STREET ADDRESS	2011 JOHNSON STREET			TADDRESS	•	J
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY+ST-ZIP 2.1 TITLE		☐ Change ☐ Addit	ion
TITLE	HERNANDEZ, LINDA		2.2 NAME			
NAME STREET ADDRESS	2014 JOHNSON CT		2.3 STREET ADDRESS		and the second of the second o	
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addit	ion
NAME			3.2 NAME			Ì
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addii	tion
TITLE		☐ DELETE	4.1 TITLE 4.2 NAME		Country	
NAME				T ADDRESS		ļ
STREET ADDRESS CITY- ST- ZIP			4.4 CITY-S			
TITLE	".		5.1 TITLE		☐ Change ☐ Addi	tion
NAME			5.2 NAME		•	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	☐ Change ☐ Addi	tion
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addi	110f1 :
NAME				T ADDRESS		
STREET ADDRESS	•					- 1

CITY-ST-ZIP 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: