SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$7\$0).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	MENT # M n Name		RVICE	(1) , INC.						
Principal Place of Bu siness Mailing Address							-		i digil didik didil didil didil didil idal	
1650 W OAKLAND PK BLVD FT LAUDERDALE FL \$3311			7105 NW 97TH AVENUE TAMARAC FL 33321							
us								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
								07/27/1988		
2. Principal P	Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
21				26				65-0066175		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional
City & State			City & State							Fee Required
23			28					6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Count			ip.	Countr	γ	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes or has p	ald the c	
24	25		29	•	30	•		Personal Property Tax due Jun		X Yes No
	9. Name and Addr	ess of Current I	Registe	red Agent		_		10. Name and Address of New R	egistere	d Agent
GOD	EK, ALFRED E.				8	1	Name			
7105 NW 97TH AVENUE				8:	2	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
TAMARAC FL 33321					1					
					8:	3				
					84	4	City		C	85 Zip Code
11. Pursuan	I to the provisions of sec	lions 607 0502 a	nd 607	1508 Florida Statut	es the above	1	amed cornors	etion submits this statement for the nu	roose of	chenging its registered
office or	registered agent, or both	h, in the State of	Florida	Such change was	authorized b	y t	he corporation	ation submits this statement for the pun's board of directors. It hereby accep	the app	olntment as registered
	aiti istiiniai Witti, ailo at	cept the obligation	JIIS U1, 1	section 607.0003, Fi	oriua Statute	15.				
SIGNATURE	Signature, typed or printed name	e of registered agent a	nd little if a	pplicable. (N	OTE: Registered	Age	ent signature requir	red when reinstating)	DATE	
12.		OFFICERS AND	DIREC	TORS	13.			ADDITIONS/CHANGES TO OF	ICERS /	AND DIRECTORS IN 12
TITLE	0	_		DELETE	1.1 TITLE					Change Addition
NAME	GODEK, ALFRED E				1.2 NAME					
STREET ADDRESS	7105 NW 97TH AV				1.3 STREE		·			
CITY-ST-ZIP	TAMARAC FL 3332				1.4 CITY-S	ST-Z	ZIP			
TITLE				L_ DELETE	2.1 TITLE					Change Addition
NAME STREET ADDRESS					2.2 NAME 2.3 \$TREE		DDDEGE			
CITY-ST-ZIP					2.3 STREE					:
TITLE				DELETE	3.1 TITLE) **	.ir			Change Addition
NAME				L_I DECEIL	3.2 NAME					C Allende C Vocition
STREET ADDRESS					3.3 STREE	TAI	DORESS			
CITY-ST-ZIP					3.4 CITY-S	T-Z	HP .			
TITLE				DELETE	4.1 TITLE					Change Addition
NAME					4.2 NAME					
STREET ADDRESS					4.3 STREE	T A!	DDRESS			
CITY-ST-ZIP					4.4 CITY-S	T-Z	'IP	·		
TITLE				DELETE	5.1 TITLE					Change Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREE					
CITY-ST-ZIP TITLE				Песет	5.4 CITY-S 6.1 TITLE	T-Z	TP			
NAME				DELETE	6.2 NAME					Change Addition
STREET ADDRESS	i				6.3 STREE		DDRESS	·		
CITY OF 71D					P 4 CITY D					

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 path; 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.

CR2E034 (5/98)

FILED

Sep 24 1998 8:00am

Secretary of State