

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

**FILED**  
**Jul 02 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION,          ANNUAL REPORT          1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P26808 (6)**  
 1. Corporation Name  
**SERVICES FOR YOU, INC.**



Principal Place of Business <b>800 SECOND AVENUE DES MOINES IA 50309</b>	Mailing Address <b>800 SECOND AVENUE DES MOINES IA 50309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	22	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	28	24	29
Zip	Country	Zip	Country
25	30		

3. Date Incorporated or Qualified <b>11/01/1989</b>	
4. FEI Number <b>42-1340321</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THURSTON, STANLEY G</b>	1.2 NAME	
STREET ADDRESS	<b>800 SECOND AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SSVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOVER, STEVE</b>	2.2 NAME	
STREET ADDRESS	<b>800 SECOND AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEIS, ARTHUR V.</b>	3.2 NAME	
STREET ADDRESS	<b>800 SECOND AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNY, EDWARD, R</b>	4.2 NAME	
STREET ADDRESS	<b>800 SECOND AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRISON, MARY</b>	5.2 NAME	
STREET ADDRESS	<b>800 SECOND AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

<b>100002579461</b> <b>-07/02/98--01073--052</b> <b>***150.00</b>
<b>100002579461</b> <b>-07/02/98--01073--051</b> <b>***400.00</b>

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.

SIGNATURE \_\_\_\_\_ DATE **6-16-98** FILED **SIS-215-7111**

CR2E034 (10/97)