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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FILED May 11 1998 8:00am Secretary of State

OPERA	I TOR SERVICE COMPANY	•						
Principal Plac	e of Business	Mailing Address				- 140011001 400 (16) 1906 8:410 10(9) 48(1 8)	TAL BEDEL BEDEL BIDER DE	JAN BARNA ANG I
\$302 AVE O						DO NOT WRITE IN	THIS SPACE	
-		••				3. Date Incorporated or Qualified	***************************************	
						02/21/1992		
·	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21	H al-	26	No. But H. cas			75 <u>-2180408</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27						5. Certificate of Status Desired		Additional equired
City & State		City & State	City & State			6. Election Campaign Financing	 	
23		28				Trust Fund Contribution		May Be to Fees
Zip	Country	Zip				8. This corporation owes or has paid th		
24	25	29	30			Personal Property Tax due June 30.	Yes ₹	No No
	9. Name and Address of Curr			221 777		10. Name and Address of New Regist	ered Agent	
	E PRENTICE-HALL CORPORAT	TON SYSTEM INC.	['	B1 Na	ame			
1201 HAYS STREET SUITE 105			Ī	B2 Sti	reet Addre	ss (P.O. Box Number is Not Acceptable)		
	LLAHASSEE FL 32301		- h	83				
'^	LUANASSEE PL SZSUT							
			[1	B4 Cit	ty		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	les, the ab	ove-nai	med corpo	pration submits this statement for the purpo	se of changing i	its registered
office or r agent. I a	e giste red agent, or both, in the Sta m fam iliar with, and accept the obli	te of Florida. Such change was idations of, Section 607,0505, Fl	authorized orida Statu	by the	corporatio	oration submits this statement for the purpoon's board of directors. I hereby accept the	e appointment as	registered
SIGNATURE		9						
	Signature, typed or printed name of registered a			Agont sig	nature required		ATE	i
12.	OFFICERS A	NO DIRECTORS DELETE	13.		. ,	ADDITIONS/CHANGES TO OFFICERS		
TITLE	SMITH, MICHAEL R.	☐ vereit	1.1 TITE				☐ Change	☐ Addition
NAME STREET ADDRESS	5302 AVD Q		1.2 NAN		ree			. [
CITY-ST-ZIP	LUBBOCK TX			eet addr (-st-zip				Įį.
TITLE	PTD	☐ DELETE	2.1 TITL	• • • • • • • • • • • • • • • • • • • •			Change	Addition
NAME	SM ITH, KIRK	_	2.2 NAN					
STREET ADDRESS	5302 AVD Q		2.3 STR	EET ADOR	ESS			[
CITY-ST-ZIP	LUBBOCK TX		2. 4 CIT	Y - ST - ZIP	,			ŀ
TITLE	D	☐ DELETE	3.1 TITL	E			Change	Addition
NAME	PETTIGREW, VIRGIL B.		3.2 NAM	AE .				
STREET ADDRESS	10748 ST. LAZARE		3.3 STR	EET ADDR	ESS			
CITY-ST-ZIP	DALLAS TX	T DELETE		Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
THTLE	BEALL, CHARLES	DELETE	4.1 TITL				☐ Change	Addition
NAME OTOTOT ADDOCOG	535 COLONIAL PARK DR		4. 2 NAM					
STREET ADDRESS	ROSWELL GA		4.3 STREET ADD		1			
CITY-ST-ZIP TITLE	D	DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
NAME	HAWK, ROBERT C.	<u> </u>	52 NAM					
STREET ADDRESS	7585 SOUTH BISCAY			eet addr	ESS			
CITY-ST-ZIP	AURORA CO			54 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL				☐ Change	Addition
NAME			6.2 NAM	1E				
STREET ADDRESS			6.3 STR	EET ADDRI	ESS			İ
CITY-ST-ZIP			6.4 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 equired 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.

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