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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT

P93000000266 (5)

Mailing Address P.O. BOX 3381

SERVICE TODAY, INC.

Principal Place of Business

SID A-8 WHITNEY AVE

LANTANA FL US	33462	BOXATION BEACH PL 43424 US	L 33 81		Date incorporated or Qualified	3a. Date of	Leet D	anori	
					01/04/1993 04/03/				
2. Principal Place of Business 2a, Mailing Address					4. FEI Number		Ap	plied For	
1	26 510 A-8 WHI	- 8 WHITMY AUC		65-0414852 Not Applic			t Applicable		
Suite, Apt. #, etc Suite, Apt. #, etc. 27 # A-9					5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
City & Stat	е	City & State 28 LAWTAWA F	2. 33	3462	Election Campaign Financing Trust Fund Contribution		5.00 Added t	May Be	
Z ip 4	Country 25	21p 233412 3	Count	5A.	This corporation has liability for influence Florida Statutes			199.032,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Ager	it		
WE	INTRAUB, PETER B		8	1 Name					
1701 WEST HILLBORO BLVD SUITE 301				2 Street Add	Iress (P.O. Box Number is Not Acceptab	ile)			
DEI	ERFIELD BEACH FL 33442		8	3					
			8	4 Crty		FL 85	Zip (Code	
office or i agent I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was au gations of, Section 607.0505, Flori	thorized I ida Statuti	by the corpora es.	poration submits this statement for the p tition's board of directors. I hereby accep	of the appointm	nent as	registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ECTOR:	S IN 12	
TITLE	D	☐ DELETE	1.1 TIFLE	· · · · · · · · · · · · · · · · · · ·			Change	Additio	
NAME	PHILLIPS, JOHN		1.2 NAMI	:					
STREET ADDRESS	7409 LANGSTON CT		1.3 STRE	FT ADDRESS					
CiTY+ST-ZiP	LAKE WORTH FL		1.4 CITY	·ST-ZIP					
TITLE		DELETE	2.1 TITLE	· ·			Change	Additio	
NAME	_		2.2 NAMI	:					
STREET ADDRESS			2.3 STRE	ET ADDRESS					
CITY - ST - ZIP			2. 4 CITY	-ST-ZIP					
TITLE		DELETE	3.1 TITLE				Change	Additio	
NAME			3.2 NAMI	.					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-SI-ZIP			3.4. CITY	-ST-ZIP					
TITLE		DELETE	4 1 TI7LE				Change	Additio	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do 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

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

THILE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Daytime Phone I

Change

Change

Addition

Addition

FILED

Feb 13 1997 8:00am

Secretary of State