

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000008708 (8)**

1. Corporation Name

BUDGET SERVICE SYSTEMS, INC.



Principal Place of Business

**1924 S.W. 100TH AVENUE
MIRAMAR FL 33025**

Mailing Address

**1924 S.W. 100TH AVENUE
MIRAMAR FL 33025**

3. Date Incorporated or Qualified
01/31/1993

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt., etc.

26. Suite, Apt., etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

4. FEI Number
65-0383119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, CARLOS
1924 S.W. 100TH AVE.
MIRAMAR FL 33025**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☐ DELETE
2. NAME	RODRIGUEZ, CARLOS	
3. STREET ADDRESS	1550 N.W. 97TH AVE.	
4. CITY, ST, ZIP	PEMBROKE PINES FL 33024	
5. TITLE	VD	☐ DELETE
6. NAME	NIELSEN, ELO R	
7. STREET ADDRESS	1310 N.E. 115TH STREET	
8. CITY, ST, ZIP	NORTH MIAMI FL 33161	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

1. 1. TITLE	☒ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	12850 STRD 84 #10-13
4. 4. CITY, ST, ZIP	DAVIE FL. 33325
5. 5. TITLE	☐ Change ☐ Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY, ST, ZIP	
9. 9. TITLE	☐ Change ☐ Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY, ST, ZIP	
13. 13. TITLE	☐ Change ☐ Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY, ST, ZIP	
17. 17. TITLE	☐ Change ☐ Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY, ST, ZIP	

14. I, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 as referenced, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Rodriguez

2-1-96

954-436-0018

Date

Daytime Phone #

CR2E034 (12/95)