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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P93000023037

1. Corporation Name

AYS Office Services, Inc.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90008 043 ***450.00

Principal Place of Business 2145 14th Ave, Ste 6 P.O. Box 6887							
Vero Beach FL 32960 Vero Beach				3296	l l		
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 9/28/87		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21					65-0398646	_ N	ot Applicable
Suite, Apt. #, etc.			5.		5. Certifcate of Status Desired	•	Additional
22 27						Fee Re	equired
City & State	ate City & State			6. Election Campaign Finan			May Be
23	<u></u>	28			Trust Fund Contribution		to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Into	angible. ☐ Yes	□No
24	25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax. 10. Name and Address of New Registered A		LINO
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	-yeni	
	Segal, Deborah						
2145 14th Avenue, Suite 6			82		ddress (P.O. Box Number is Not Acceptable)		
Vero Beach FL 32960			83	214	<u>5 14th Avenue, Suite 6</u>	_	
			03	1			
			84		Vero Beach FL		Code
44	the provisions of Castiana 607 0502	and 607 1509 Florida Statutas	the above	o-pamed C			2960 registered
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, typed or printed name of registered agent a	and title if anningable /NOTE: Per	custored Acor	et eigenture 19	quired when reinstating) DATE	_	
12.	OFFICERS AND		13.	it signature ie	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	PVS	☐ DELETE	1.1 TITLE	T	PVS	Change	Addition
NAME	Segal, Deborah E	3_	1.2 NAME		Segal, Deborah B.		
STREET ADDRESS	0001 011 - 011 101			1.3 STREET ADDRESS 2145 14th Avenue, Suite 6			
CITY-ST-ZIP	Vero Beach FL	Juice IVI	1.4 CITY-S		Vero Beach FL 32960	-	
TITLE	TD	☐ DELETE	2.1 TITLE	1	TD2	Change	☐ Addition
NAME	Segal, Deborah E	1	2.2 NAME		Segal, Deborah B.	**	
STREET ADDRESS	-		2.3 STREE	ADDRESS	2145 14th Avenue, Suite	۰ 6	
CITY-ST-ZIP	2001 9th Avenue,	Suite 101	2. 4 CITY-5	ST-ZIP	Vero Beach FL 32960		
TITLE	Vero Beach FL	☐ DELETE	3.1 TITLE	1	VELU-DEACH_FM-32-700	☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	-			
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition Ì
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	ADDRESS			
CITY-ST-ZIP			5.4 C/TY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME		İ	6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY-S				
14 Lhoroby co	rtify that the information cumplind with	this filing doos not qualify for th	a avamnt	on stated	in Section 119.07(3)(i). Florida Statutes, I further cert	ify that the i	nformation

indicated on this annual report or supplied with this limits does not qualify for the exemption stated in Section 113.07(3)(1), Florida Statutes. For the receiver 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 a attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISCTOR DEBOTAL B. Segal, President

3/30/99

(561) 569-7200

Daytime Phone #