SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000024808 (6)**

1. Corporation Name
MIDNIGHT SERVICES, INC.

Principal Place of Business	Mailing Address
~~305 W. LUCY STREET FLORIDA CITY FL 33170 US~~ 4755 PINE ISLAND RD MATLACHA, FL 33993	~~22805 SW 147 AVE MIAMI FL 33170~~ 4755 PINE ISLAND RD MATLACHA, FL 33993

3. Date Incorporated or Qualified: 04/02/1993
3a. Date of Last Report: 02/06/1995
4. FEI Number: 65-0044737 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4755 PINE ISLAND RD.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MATLACHA, FL	City & State 28
Zip 24 33993 Country 25 US	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~KALATA, EMIL E.~~
~~22805 SW 147 AVE~~
~~SUITE 312~~
~~MIAMI FL 33170~~

10. Name and Address of New Registered Agent

81 Name: ARLENE A. KALATA
82 Street Address (P.O. Box Number is Not Acceptable): 4755 PINE ISLAND RD.
83
84 City: MATLACHA FL 85 Zip Code: 33993

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: Arlene A. Kalata ARLENE A. KALATA DATE: 6-27-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☒ DELETE	1.1 TITLE	PSD	☒ Change ☐ Addition
NAME	~~KALATA, EMIL~~	ARLENE A. KALATA	1.2 NAME	ARLENE A. KALATA	
STREET ADDRESS	~~22805 SW 147 AVE~~	4755 PINE ISLAND RD.	1.3 STREET ADDRESS	4755 PINE ISLAND RD.	
CITY-ST-ZIP	~~MIAMI FL 33170~~	MATLACHA, FL 33993	1.4 CITY-ST-ZIP	MATLACHA, FL 33993	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arlene A. Kalata ARLENE A. KALATA 6-27-96 941-283-0616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #