

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN -2 AM 8:51

DOCUMENT # **P93000039082 (1)**

1. Corporation Name  
**BID SERVICES, INC.**

Principal Place of Business Mailing Address  
**3500 SW 24TH AVE. FT. LAUDERDALE FL 3500 SW 24TH AVE. FT. LAUDERDALE FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/26/1993** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0417733** 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 199 (32), Florida Statutes  Yes  No

2. Principal Place of Business 2b. Mailing Address  
21 **2400 ALCAZAR DR** 26 **2400 ALCAZAR DR**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 **MIRAMAR** 28 **MIRAMAR FL**  
Zip Country Zip Country  
24 **33023** 25 **BROWARD** 29 **33023** 30 **BROWARD**

9. Name and Address of Current Registered Agent  
**DAVID, JOSEPHINE C  
2400 ALCAZAR DR.  
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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) \_\_\_\_\_ (Typed Name) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, WM. J	1.2 NAME	
STREET ADDRESS	2400 ALCAZAR	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIRAMAR FL 33023	1.4 CITY, ST, ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, JOSEPHINE C	2.2 NAME	
STREET ADDRESS	2400 ALCAZAR	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIRAMAR FL 33023	2.4 CITY, ST, ZIP	
TITLE	DV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, A M	3.2 NAME	
STREET ADDRESS	7400 SW 81ST AVE.	3.3 STREET ADDRESS	<b>7497 GLENWOOD</b>
CITY, ST, ZIP	MIAMI FL 33143	3.4 CITY, ST, ZIP	<b>COCOR FL 32927</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(3)(b), 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 changed, or on an attachment with an address.

SIGNATURE: William J. David Date: May 24 System Number: 305 987-2400