

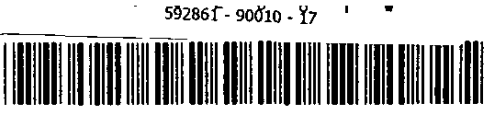
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**  
07-21-1999 90010 017 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P93000067167** ✓  
1. Corporation Name  
**FLORIDA I.V. SERVICES, INCORPORATED**

<b>Principal Place of Business</b> 12230 SW 130 ST MIAMI FL 33186 US	<b>Mailing Address</b> 12230 SW 130 ST MIAMI FL 33186 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>15951 S.W. 41ST STREET</b> Suite, Apt. #, etc. 22 <b>500</b> City & State 23 <b>DAVIE, FL</b> Zip 24 <b>33331</b> Country 25 <b>BROWARD</b>	<b>2a. Mailing Address</b> 26 <b>15951 S.W. 41ST STREET</b> Suite, Apt. #, etc. 27 <b>500</b> City & State 28 <b>DAVIE, FL</b> Zip 29 <b>33331</b> Country 30 <b>BROWARD</b>
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<b>3. Date Incorporated or Qualified</b> <b>09/28/1993</b>	<b>4. FEI Number</b> <b>65-0444297</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>7. This corporation owes the current year Intangible Personal Property.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**HAVEN M PERKINS**  
**12230 SW 130TH ST**  
**MIAMI FL 33186**

**10. Name and Address of New Registered Agent**

<b>81 Name</b>	<b>85 Zip Code</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>83</b>	
<b>84 City</b>	<b>FL</b>

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>VPD</b> <input checked="" type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>SCHNEIDER, MARK</b>
<b>STREET ADDRESS</b>	<b>12120 SW 112TH AVE</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>PERKINS, HAVEN</b>
<b>STREET ADDRESS</b>	<b>253 LESLIE LANE</b>
<b>CITY-ST-ZIP</b>	<b>LAKE MARY FL</b>
<b>TITLE</b>	<b>VPD</b> <input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>SALAZAR, GUILLERMO</b>
<b>STREET ADDRESS</b>	<b>380 LUCADENDRA</b>
<b>CITY-ST-ZIP</b>	<b>CORAL GABLES FL</b>
<b>TITLE</b>	<b>SD</b> <input checked="" type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>GARY SIEGEL</b>
<b>STREET ADDRESS</b>	<b>315 LAZY ACRES LANE</b>
<b>CITY-ST-ZIP</b>	<b>LONGWOOD FL 32750</b>
<b>TITLE</b>	<input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

14. I 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 changed, or on an attachment with an address.

**SIGNATURE:** Karen E. Schaller - General Manager July 14, 1999

CR2E034 (5/99)