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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

P9300073138 (8) 1996 **DOCUMENT #** 

FEDERAL SERVICES CORPORATION

Principal Place of Business

Mailing Address

7267 SAN SEBASTIAN DRIVE

7267 SAN SEBASTIAN DRIVE



BOCA RATON FL 33433		BOCA RATON FL 33433							
						3. Date Irrcorporated or Qualified 10/14/1993	3a. Date 04	of Last /28/1	
2. Principal Pla 21	nce of Business	2a. Mailing Address 26			4. FEI Number 65-0460273			Applied For Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	75 Additional e Required	
City & State		City & Stale				Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip	Country	Zip	Co	untry		8. This corporation has liability for in	tangible tax	under	's 199.032,
24	25	29	30	<b></b>			□ No		
	9. Name and Address of Current	Registered Agent		ļ,	Y	10. Name and Address of New Re	gistered A	gent	
				81	Name				
	, KAREN M OCEAN BLVD.			82	Street Add	iress (P.O. Box Number is Not Acceptable	)	•	
D516	OCEAN DEVD.			83					
	ATON FL 33431			84	City			85	Zip Code
					l		FL		
or registere	o the provisions of Sections 607,0502 a ad agent, or both, in the State of Florida h, and accept the obligations of, Sectio	a. Such change was authorize	s, the abi d by the	corp	named corpo oration's bo	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of char ntment as r	nging it egister	s registered office red agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	nd No if applicable (NO)	E Flogisle o	d Agen	nt signature requi	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	DELETE	1.1	TITLE				) Chang	je 🔲 Addition
NAME	ESTES, DENNIS J	121		IAME					
STREET ADDRESS			1.3 \$	1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433	**** ** ** * * * *** * *** *** *** * *** *	14 OT		ST-21P				
TITLE	V	☐ DELETE 2 1						] Chang	je 🗌 Addition
NAME	ESTES, DONALD E.		22 N	2.2 NAME					
STREET ADDRESS	7267 SAN SEBASTIAN DR.		235	2.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		2.4 CHTY-ST-ZIP 3.1 THTLE		ST - ZIP				
TITLE	V V	☐ DELETE					Ĺ	) Chang	ge 🔲 Addition
NAME	_			IAME					
STREET ADDRESS				33 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL  V DELETE			34 CITY - ST - ZIP 4 1 TITLE				] Chang	o C Addition
TITLE	*	C) betele					Ł	j unanţ	ge 🔲 Addition
NAME	GRAVES, EUGENE A. 107 YORKTOWN CT.			NAME					
STREET ADDRESS	MEDFORD NJ		1		ADDRESS				
CITY-ST-ZIP TITLE	MEDFORD 180	☐ DELETE		HTY-S	i1-ZIP			1 Chant	e 🗍 Addition
		F) precie	5 1				Ļ	j una:Iţ	le 🛅 Maniana
NAME				NAME	ADDRESS				
STREET ADDRESS					ADDRESS				
CITY-SI-ZIP TITLE		↑ DELETE		DITY-S TITLE	1-7H			1 Chang	ne 🗐 Addition
NAME				NAME			L	j Ona-IĮ	Jo [] Addition
STREET ADDRESS					ADDRESS				
CITY-ST-7IP	v codity that the information europied w	ith this files is valuated to furni			ST-ZIP	for the exemption stated in Section 119.0	7/2\(L) Flor	do Cto	tates I to whom

receify that the information indicated on this armual report or supplies with riss limiting 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 armual 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 one attachment with an address.