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

PROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000080315 (3)

DE INCUDANCE SERVICES INC

110 1 0 0140	SUMMOL SEMMOLS, MO		i			
Principal Place	e of Business	Mailing Address			# CORFICORY STA NOTAR 1911/1 00/11 00/11 00/11	BENDY KRASY BÖNÖR OLUĞU ISBEŞ BUŞU ŞADI
8797 N.E. 170 STREET 3797 N.E. 170 STREET NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH		L 33160-3111				
			i		3. Date incorporated or Qualified 11/22/1993	3a. Date of Last Report 06/10/1996
2. Principal Place of Business 2a. Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	Applied For
26					65-0443843	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	Г		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip	Gpun'	ry	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
24	9. Name and Address of Curre	29 nt Registered Agent	1301		10. Name and Address of New Reg	
FERBER, ROBERT				1 Name		<u>, , , , , , , , , , , , , , , , , , , </u>
3797 N.E. 170 STREET				2 Street A	ddress (P.O. Box Number is Not Acceptab	la)
NORTH MIAMI BEACH FL 33160			: °	Street At	doress (#:O, Box Numbor is Not Acceptab	le)
Transfer of the second			8	3		
				4 City		85 Zip Code
			11°	City		FL 85 Zip Code
office or re	to the provisions of Sections 607.05(egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized	by the corno	orporation submits this statement for the pr ration's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable (NC	11 Flegistereo /	oent signature re	quited when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITL	T		Change Addition
NAME	FERBER, ROBERT		1.2 NAM	E [
STREET ADDRESS			1.3 S1R	E1 ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		1.4 CITY	- S1 - ZIP		
TITLE		☐ DELETÉ	2.1,7116			Change L Addition
NAME			2.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			2.4 CH1 3.1 HH	(-ST-ZIP		Change
TITLE NAME	DELETE		3 1 INC			Citalitie [1.1] Adoliton
STREET ADDRESS				ET ADDRESS	:	
CITY-ST-ZIP			1	(-SI-ZIP		
TITLE	DELETE		4.1 101			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS	·	
CITY-ST-ZIP				-ST-ZIP		
TITLE	DELETE		5.1 1ITL			Change Addition
NAME			5.2 NAM	IE		
STREET ADDRESS			5.3 STR	E1 ADDRESS		
CITY-ST-ZIP			5.4 CITY	- \$1 - 20P		
TITLE		☐ DELETÉ	6.1 7(1)	1	•	☐ Change ☐ Addition
NAME			6.2 NAM	ie		
STREET ADDRESS			6.3 STR	ET ADDRESS		

CITY-ST-ZIP

14. I do 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.

FILED

May 16 1997 8:00am

Secretary of State