

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000009717 (7)**

1. Corporation Name

**OPERATOR SERVICE COMPANY OF SOUTH FLORIDA, INC.**



Principal Place of Business

Mailing Address

4500 P.G.A. BLVD.  
SUITE 104  
PALM BEACH GARDENS FL 33418

4500 P.G.A. BLVD.  
SUITE 104  
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0465719

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, JOHN J  
1017 WOODFIELD CR.  
PALM BEACH GARDENS FL 33418

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person providing information (not required for filers)

Signature of Registered Agent (signature required for filers)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  
NAME FORD, JOHN T  
STREET ADDRESS 1017 WOODFIELD CIRCLE  
CITY-ST-ZIP PALM BEACH GARDENS FL

1.1 TITLE SECRETARY  
1.2 NAME SUSAN L. FORD  
1.3 STREET ADDRESS 1017 WOODFIELD CIR.  
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL

TITLE VS  
NAME CROTEAU, KEITH  
STREET ADDRESS 4500 PGA BLVD, STE. 104  
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE TREASURER  
2.2 NAME SUSAN L. FORD  
2.3 STREET ADDRESS 1017 WOODFIELD CIRCLE  
2.4 CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]* PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 407 694 1169

DATE DAY/MONTH/YEAR

CR2E034 (12/95)