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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90066 020 ***150.00

OPERATOR SENVICE CO. OF S. FLA	MC,		
Principal Place of Business 19850 LOX AHATCHEE TON SUPER FL 33 458			
7050 61 33458		DO NOT WRITE IN THIS SPACE	
Julian PC 32 130		3. Date Incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing Address 25		4. FEI Number 4 5719	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 - 28 :	<u>ئ</u>	Trust Fund Contribution	Added to Fees
	Country==	8. This corporation owes the current year in	ntangible
24 25 29 30		Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent	241 21-	10. Name and Address of New Registered	I Agent
TOHIN FORD	81 Name		j
9. Name and Address of Current Registered Agent JOHN FOW (9850 LOX HHITCHEE PT DIC JULIEN FL 37458	82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
TUPITER FL 33438	83		
	84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	e above-named corpor		
office or registered agent, or both, in the State of Florida. Such change was authorize	ized by the corporation	's board of directors. I hereby accept the appo	intment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S			
SIGNATURE	ered Agent signature required w	when reinstating) DATE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
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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 one an attachment with an address, with all other like empowered.

SIGNATURE:

nes INTED NAME OF SIGNING OFFICER OR DIRECTOR