SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000024210 (4)**

1. Corporation Name
SPARKLE SERVICE SYSTEMS INC.

Principal Place of Business	Mailing Address
4200 INVERRARY BLVD APT 3107 LAUDERHILL FL 33319	4200 INVERRARY BLVD APT 3107 LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 2876 NW 55th Ave	26 P.O. Box 100617
Suite, Apt. #, etc. 22 1B	Suite, Apt. #, etc. 27
City & State 23 Lauderhill, FL	City & State 28 Ft. Lauderdale, FL
Zip / Country 24 33313 / 25 USA	Zip / Country 29 33310-0617 / 30 USA

4. FEI Number: 65-0478430 ☐ 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
MOORE, CARLTON 4200 INVERRARY BLVD APT 3107 LAUDERHILL FL 33319	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 607.0502 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: Aurelia Moore / Aurelia Moore — DATE: 8/1/95
Signature(s) of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	MOORE, CARLTON	1.2 NAME	
STREET ADDRESS	4200 INVERRARY BLVD APT 3107	1.3 STREET ADDRESS	2876 NW 55th Ave 1B
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	Lauderhill, FL. 33313
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	BROWN, AURELIA	2.2 NAME	Aurelia Moore
STREET ADDRESS	4200 INVERRARY BLVD APT 3107	2.3 STREET ADDRESS	2876 NW 55 Ave 1B
CITY-ST-ZIP	LAUDERHILL FL 33319	2.4 CITY-ST-ZIP	Lauderhill, FL. 33313
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Aurelia Moore / Aurelia Moore — 8/1/95 — (305) 486-4834
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0147729 FP