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



CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Socretary of State DIVISION OF CORPORATIONS								
	MENT# F	P9400002	7299 (4	l)							
1. Corporation	I SERVICES, INC	•	•	•			1 (18/113); NO 18/11 BERT SAIN BE				
Principal Place of Business Mailing Address 312 BAILEY LN SARASOTA FL 34237 SARASOTA FL 34237											
							3. Date Incorporated or Qualified 04/07/1994		of Last I		
2. Principal Pl.	ace of Business	2a. 26	Mailing Address	***************************************	•		4. FEI Number 65-0483498			Applied For Not Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional Required	
City & State	3	28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be	
7ip	Coun ⁴ 25		Zip Country				8. This corporation has liability for	for intangible tax under s 199.032, Yes			
11. Pursuant t	OTA FL 34237 To the provisions of Secend agent, or both, in the thin, and accept the obligation.	gaterits of Section 607.0	505, Florida Statute:	tes, the abo red by the c s.	ve na orpo	haas	oration submits this statement for the pard of directors. Thereby accept the ap			Zip Code s registered office ed agent. I am	
12.	Signature Typed or printed name	e of registered agent and title (1) OFFICERS AND DIRECT	•	D'E Reger€red 13,	Agrant :	signaturo region	nd white receivable ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	ORS IN 12	
TIMEF NAME STREET ADDRESS CITY - S1 - ZIP	D MOYER, RICHAF 312 BAILEY LN SARASOTA FL 3	RD	☐ DELETE	1 1TI 12NA 13SI	ME	DDRESS	Augment Sirreto To O) Change	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	2 1 TI 22 NA 23 ST	ILE ME	DORESS) Change	Add-tion	
TITLE NAME STREET ADDRESS			□ DELETE	3 1 T) 32 NA 33 SI	TLE IME IBEET A	ADDRESS] Change	Add-tion	
CHY-ST-ZIP THEF NAME STREET ADDRESS			□ DELETE	4 1 TH 42 NA 43 ST	ME HEE1 A	DORESS] Change	: Add-tion	
THILE NAME STREET ADDRESS			DELETE	5 1 TI 52 NA 53 SI	JME PEET A	DORESS			Change	Addition	
CITY-ST-ZIP TITLE			DELETE	54 CF 6 1 Ti		ZIP] Change	. Addition	

64 CITY-ST-ZIP

14. If 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 chapged, or of an attachment with an address.

6.2 NAME

6.3 STHEET ADDRESS

NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR MOYER 4-6-96

941-349-6580 Destrue Proce