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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:53

DOCUMENT # **P94000046053 (2)**

1. Corporation Name

NOTICE SERVICES, INC.

Principal Place of Business	Mailing Address
2644 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306	2644 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report: 6/15/94

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0499382 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Finance Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25 Zip — 29 Country — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHECTER, MARK S
110 N.E. THIRD STREET
SUITE 300
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Raymond L. Murphy
82 Street Address (P.O. Box Number is Not Acceptable): 2644 E. Oakland Pk. Blvd.
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33306

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: [signature] DATE: 6/8/95
Signature of, or typed or printed name of, registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	MURPHY, RAYMOND L	12 NAME	
STREET ADDRESS	2644 E. OAKLAND PARK BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	NELLIS, WILLIAM R	22 NAME	
STREET ADDRESS	2644 E. OAKLAND PARK BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BEATRICE, JULIA A	32 NAME	
STREET ADDRESS	2644 E. OAKLAND PARK BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BOYLES, O.E. JR.	42 NAME	
STREET ADDRESS	2644 E. OAKLAND PARK BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: [signature] 6/8/95 (305) 566-8301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0000036 CP