FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 13 PM 2:29

DOCUMENT # **P94000048198 (3)**

1. Corporation Name
U.S. DOCUMENT SERVICE, INC.

Principal Place of Business	Mailing Address
2301 W SAMPLE ROAD BLDG 4, SUITE 7-A POMPANO BEACH FL 33073	2301 W SAMPLE ROAD BLDG 4, SUITE 7-A POMPANO BEACH FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 234 N.E. 5 AVENUE	26 234 N.E. 5 AVENUE
Suite, Apt. #, etc. 22 3	Suite, Apt. #, etc. 27 3
City & State 23 DELRAY BEACH	City & State 28 DELRAY BEACH
Zip / Country 24 33483 / 25 U.S.A.	Zip / Country 29 33483 / 30 U.S.A.

4. FEI Number: 65-0506524 ☐ 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

COSTELLO, PETER
2301 W SAMPLE ROAD
BLDG 4, SUITE 7-A
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent

81 Name: PETER COSTELLO
82 Street Address (P.O. Box Number is Not Acceptable): 234 N.E. 5 AVENUE
83: SUITE # 3
84 City: DELRAY BEACH FL 85 Zip Code: 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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] PETER COSTELLO 2/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	COSTELLO, PETER	12 NAME	COSTELLO, PETER	
STREET ADDRESS	2301 W SAMPLE ROAD, BLDG 4, SUITE 7-A	13 STREET ADDRESS	234 N.E. 5 AVE SUITE 3	
CITY-ST-ZIP	POMPANO BEACH FL 33073	14 CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33483	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		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] PETER COSTELLO PRES. 2/3/95 401 278-0111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR Date Daytime Phone #

0115100 CP