

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90115 048 ***150.00

DOCUMENT # P94000064186

1. Corporation Name
A/K/A SERVICES, INC.

Principal Place of Business
13676 HAMLIN BLVD
WEST PALM BEACH FL 33414
US

Mailing Address
13676 HAMLIN BLVD
WEST PALM BEACH FL 33412
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/29/1994

4. FEI Number
65-0501149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASILE, MARIO
13676 HAMLIN BLVD
W PALM BEACH FL 33412

81 Name
Basile, Josephine
82 Street Address (P.O. Box Number is Not Acceptable)
83 13676 Hamlin Blvd
84 City
West Palm Beach FL 85 Zip Code
33412

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 *Josephine Basile*

1-14-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
BASILE, MARIO
STREET ADDRESS
13676 HAMLIN BLVD
CITY-ST-ZIP
W PALM BEACH FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
BASILE, JOSEPHINE
STREET ADDRESS
13676 HAMLIN BLVD
CITY-ST-ZIP
W PALM BEACH FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
President
Basile, Josephine
13676 Hamlin Blvd
West Palm Beach, Fl. 33412

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Josephine Basile*

1-14-99 (561) 791-7561

Date

Daytime Phone #

CR2E034 (1/98)

0368096