Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90162 009 ***150.00

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

DOCUMENT # P94000075554

STREET ADDRESS

j, Corporation	INGILIO							
ON-SITE	RESCUE, INC.					1 :00:01:00 10:01 01:01 00:01 00:01 00:01 00:01 00:01	iiri as tii 3 8001 3 16 81 0 11	A1 B1211 B2A1 10A1
Principal Place	of Business	Mailing Address				4 (88)(88) (18 (81)(818)) BRIEL BRIEL	ille Shen tanni mnat are	DI BUST DIGI 1884
1347EAST SAMPLE ROAD 1347 EAST SAMPLE ROAD								
#3 #3 POLIDANO PEACH EL 2004						DO NOT WRITE II	N THIS SPACE	
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 US US					1	3. Date incorporated or Qualifed	11110 017102	\neg
00		••			İ	10/12/1994		
2. Principal Place of Business 2a. Mailing Address					İ	4. FEI Number		Applied For
21 26						65-0524098		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22 27							- F99 F	Required
City & State	•	⊢ ′	City & State			6. Election Campaign Financing		May Be
23	Country	28	Country			Trust Fund Contribution		to Fees
Zip	ip Country Zip Country 25 29 30					 This corporation owes the current y Personal Property Tax. 	year intangible Yes	□No
24	9 Name and Address of Current					10. Name and Address of New Regi		
· ·			81	Name				
ENGLE, CHARLES R			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	1	
2579 NE 15 STREET			02	Ourou.	7100100		·	
POMPANO BEACH FL 33062			83			•		
			84	City			85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				L.,		di di di di di di di di di di di di di d	FL 83 Z	to registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was auth	orized by	the corpo	corpor oration	ation submits this statement for the purple 's board of directors. I hereby accept the	e appointment as i	registered
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	١.				1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature r	equired w	when reinstating)	DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE	D □ DELETE 1.1 To		1.1 TITLE				Change	a 🔲 Addition
NAME	WELCH, JEFFREY R		1.2 NAME		ADDRESS 2713 NE 15 STREET			
STREET ADDRESS	21.233		1.3 STREE	TADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP				
TITLE	_		2.1 TITLE				Change	e
NAME	2,70,22, 0,1,1,220 11		2.2 NAME	i ~-		13 NE 15 STREET		
STREET ADDRESS				TADDRESS	2,	73 NE 75 CITECT		
CITY-ST-ZIP			2 4 CITY-5 3.1 TITLE	ST-ZIP_		<u>, , , , , , , , , , , , , , , , , , , </u>	Change	e
TITLE	D Draves, Wade	□ Dereie	3.1 THEE				<u> </u>	,
NAME STREET ADDRESS	2579 NE 15 STREET		-	T ADDRESS	27	13 NE IS STREET		
CITY-ST-ZIP	POMPANO BEACH FL 33062		3.4. CITY-5		- ' '	, •		ļ
TITLE	1000 7000 0000	☐ DELETE	4.1 TITLE	,,			☐ Change	e 🔲 Addition
NAME			4. 2 NAME				•	
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T- ZIP				
TITLE			5.1 TITLE				☐ Change	e 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS		•		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	e 🔲 Addition
NAME			6.2 NAME		I			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: (