

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

FILED

May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # **P95000030378 (0)**

1. Corporation Name
UNLIMITED SERVICES, INC.

Principal Place of Business
**15899 SW 16TH ST
PEMBROKE PINES FL 33027**

Mailing Address
**15899 SW 16TH ST
PEMBROKE PINES FL 33027-2367**



2. Principal Place of Business 21 10951 SW 58 CT		2a. Mailing Address 26 10951 SW 58 CT		3. Date Incorporated or Qualified 04/12/1995	3a. Date of Last Report 04/09/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0574809	Applied For <input type="checkbox"/> Not Applicable
City & State 23 FT. LAUDERDALE, FL		City & State 28 FT. LAUDERDALE, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33328	Country 25 U.S.	Zip 29 33328	Country 30 U.S.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent RUSH, CHERYL 15899 SW 16TH ST PEMBROKE PINES FL 33027		10. Name and Address of New Registered Agent 81 Name CHERYL RUSH 82 Street Address (P.O. Box Number is Not Acceptable) 10951 SW 58 CT 83 84 City FT. LAUDERDALE FL 85 Zip Code 33328	
---	--	---	--

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, 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 607.0503, Florida Statutes.

SIGNATURE *Cheryl Rush* DATE **5/1/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSH, CHERYL		1.2 NAME CHERYL RUSH	
STREET ADDRESS 15899 SW 16TH ST		1.3 STREET ADDRESS 10951 SW 58 CT	
CITY-ST-ZIP PEMBROKE PINES FL 33027		1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33328	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Cheryl Rush* DATE **5/1/97** DAYTIME PHONE **954-252-9970**
(NOTE: Signature and typed or printed name of signing officer or director required)

CR2E034 (9/96)