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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000038227 (1)

ON C	ion Name OURSE SO	OLUTIONS, INC) .	()							
Principal Pla	ice of Busines		Mailing Addro	SS				DI ALD ABIDI DIRKI DAKIK DANIK	ABILL BÜLAB ING	IC DOLLAGO ALCONO AND	ISI I qi di i g isi
2210 CHIPPEWA TRAIL 2210 CHIPPEWA TRAIL							ŀ				
MAITLAND FL 32751 MAITLAND FL 32751							ļ	DO NOT WRITE IN THIS SPACE			
							2 Date Inc			SPACE	
							05/12/	orporated or Qualified /1995	ı		
2. Principal	2. Principal Place of Business			2a. Mailing Address			4. FEI Num			Ar	oplied For
21				26			59-3	314392		No	ot Applicable
Suite, Apt. #, etc.			\	Suite, Apt. #, etc.			5. Certifica	te of Status Desired		\$8.75 A	Additional equired
City & State				City & State			6 Flection	Campaign Financing			May Be
23			<u>-</u> -1 .	28				nd Contribution			to Fees
Zip		Country	Zip		Country	y	8. This corp	oration owes or has	paid the cur	rent war Int	tangible
24	25		29	29 30				Personal Property Tax due June 30. Yes No			No
		- 	urrent Registered Agen	t			10. Name a	nd Address of New F	Registered A	Agent	
	OPE, ANITA				81	Name					:
2210 OHIPPEWA TRAIL MAITLAND FL 32751						Street A	dress (P.O. Box Number is Not Acceptable)				
	•				84	City				85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida Statute						FL "					
office or agent. I SIGNATURE	regist e red ag am fa mil lar w	gent, or both, in the ith, and accept the Natural	State of Florida Such cha obligations of, Section 60	an ge w as au 17.0505, Flori —	ithorized by ida Statute:	y the corpo s.	ration's board of d	lirectors. I hereby acc	ept the app	ointment as	registered
12.		FO E C AND A		(NO:1		ent signature r	quired when reinstating)		DATE		. <u> </u>
TITLE	T 1	OFFICER	S AND DIRECTORS		13.	ent signature r		IS/CHANGES TO OFF	DATE	DIRECTOR	RS IN 12
MALIE	HOPE		S AND DIRECTORS	DELETE	13. 1,1 TITLE	ent signature r			DATE		. <u> </u>
NAME CERSON ADDRESS	HOPE,	ANITA	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME				DATE	DIRECTOR	RS IN 12
STREET ADDRESS	2210 C	ANITA HIPPEWA TRAIL	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS			DATE	DIRECTOR	RS IN 12
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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 logal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

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m = 1898 wz 239~

FILED

May 21 1998 8:00am

Secretary of State