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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jul 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000042487 (5)

AT YOUR SERVICE - BOCA RATON, INC.

Principal Place of Business Ma		Mailing Address		{	444 50 411 614 (5 110)1 0688 4 1 0 414 1001 1001
4400 N FEDERAL HWY SUITE 210-40 BOCA RATON FL 33431		4400 N FEDERAL HWY SUITE 210-40 BOCA RATON FL 33431-5187			
				 Date Incorporated or Qualified 05/25/1995 	3a. Date of Last Report 04/29/1996
_	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ata	26 Suite, Apt. #, etc.		65-0578594	Not Applicable
22		27		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032,
24	25	29	30		Yes No
	g, Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent
MORIARTY, JAMES J 81 Name					
4400 N FEDERAL HWY			82 Street Add	ress (P.O. Box Number is Not Accepta	able)
SUITE 210-40			83		
BOC	CA RATON FL 33431		83		
			84 City		FL 85 Zip Code
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					
SIGNATURE	Signature, typod or printed name of registered ag-	ent and title if applicable (NC	TE: Hegistered Agent signature requi	ired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORIARTY, JAMES		1.2 NAME		
STREET ADDRESS	4030 BIRCHWOOD DRIVE BOCA RATON FL 33487		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	MORIARTY, DOLORES		2.2 NAME		C Officially E 7100/DB/
STREET ADDRESS	4030 BIRCHWOOD, DR		23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-S1-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- ST- ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - S1 - ZIP		
TITLE		DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	•	∟ bereit	61 TITLE		Calibrarige E Muoriton
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP					
0111-91. til.			64 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 logal 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.

2 11 97