FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION AL REPORT	REPORT Secretary of State					
DOCUN	MENT # P9500	00050279	(5)				
	LOOD SERVICES, INC.						
Principal Place	of Business	Mailing Address				I (BA)(BA) 14P (PIB) BITIT GALIP BOIN GEN	i 4818: Britt Batel et Dit endein inre sone
10211 W. S	AMPLE RD., SUITE 114 NINGS FL 33065-3966		10211 W. SAMPLE RD SUITE 114 CORAL SPRINGS FL 33065-3966			3. Date Incorporated or Qualified 3a 06/26/1995	. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number 65 -0589393	Applied For Not Applicable
Suite, Apt. #	7. etc.	Suite Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27				5 - Committee Financing	\$5.00 May Be
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23 Zuo	Country	28 Zip		Country		8. This corporation has liability for intang	gible tax under s. 199.032,
Zip 24	25	29	30	<u> </u>		Florida Statutes 🔲 Yes 🔀	No
	g. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Regis	tered Agent
				181			
ROBE	RTS, DONALD L			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
10211	W. SAMPLE RD., SUITE 114			83			
CORAL SPRINGS FL 33065-3966						85 Zip Code	
						FL T	
or register familiar wi	to the provisions of Sections	A. (100)				poration submits this statement for the purposi- ocerd of directors. Thereby accept the appoints	DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
TITLE		DELET		1 1 TillE		SIT	Onlings Add not
NAME			ŧ	1.2 NAME		ROBERTS, DONALD L. 10211 W. SAMPLE RD., SUI	TE 114
STREET ADDRESS			1	1 4 CHY-	I ADDRESS	CORAL SPRINGS, FL 3306) 4
CITY-ST-ZIP		["] DELEI		2 3 ICLE		<u>C</u>	Change 📈 Addition
TITLE NAME				2.2 NAME	Ì	POSTAVA, JOHN A	
STREET ADDRESS				23 STREE	1 ADDRESS	INIT MERIEN CI	
CITY-ST-ZIP				2 4 CITY -		OUIERO, FL 32765	Change Addition
TITLE		☐ DELE		3 1 TITLE			E Surango E Naturon
NAME				3 2 NAME	1		
STREET ADDRESS					ET ADDRESS		
CITY - ST - ZIP		DELE		3.4 CITY - 4. 1 TITLE			Change Addition
TITLE				4.2 NAME			
NAME STREET ADDRESS				4 3 STHE	T ADDRESS		
CITY-SI-ZIP				4.4 CITY			Change Addition
TITLE		☐ DELE	IE	5 1 THE			□ overdo □ venter.
NAME				5.2 NAM!			
STREET ADDRESS	5			5.3 STHE 5.4 CITY	ET ADDRESS . St 719		
City-ST-ZIP		DELE	TE	6 1 T/TL			Change Addition
TITLE		_ 5544		6.2 NAM			
NAME STREET ADDRESS	s			635THE	ET ADDRESS		
CITY-ST-ZIP			<u></u>]	6 4 CITY	- ST - ZIP	alify for the exemption stated in Section 119.07	131/W Florida Statutos I further
TOTAL STREET	L		- 4 - 4	k acad da	see not ou	ality for the exemption stated in Section 119.0/	IONN, FIGHER GRADIES, FIGHTIST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 effector 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 in large that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes: I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 further certification 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 further certification 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 further certification indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certification in the same legal effect as if further certification in the same legal effect as if further certification in the same legal effect as if further certification in the same legal effect as if further certification in the same legal effect

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)