

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000062403 (7)**

1. Corporation Name

**AMERICAN REGULATORY SERVICES CORP.**



Principal Place of Business

**4701 N FEDERAL HWY  
STE 470-BOX A-7  
LIGHTHOUSE PT FL 33064  
US**

Mailing Address

**4701 N FEDERAL HWY  
STE 470. BOX A-7  
LIGHTHOUST PT FL 33064  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/14/1995**

4. FEI Number

**65-0604159**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 7081 Woodmont Way**

Suite, Apt. #, etc.

**22 City & State**

**23 TAMARAC, FL**

Zip

Country

**24 33321**

25

2a. Mailing Address

**26 P.O. Box 770784**

Suite, Apt. #, etc.

**27 City & State**

**28 CORAL SPRINGS, FL**

Zip

Country

**29 33077**

30

9. Name and Address of Current Registered Agent

**KOSLEN, MICHEAL  
4701 N FEDERAL HWY  
STE 470, BOX A-7  
LIGHTHOUSE FL 33064**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**7081 WOODMONT WAY**

83

84 City

**TAMARAC**

FL

85 Zip Code

**33321**

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

*Michael Koslen*  
Signature, typed or printed name of registered agent and title if applicable

**MICHAEL KOSLEN**

(NOTE: Registered Agent signature required when reinstating)

**4/28/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **KOSLEN, MARLENE**  
STREET ADDRESS **4701 N FEDERAL HWY, #407/A-7**  
CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE **PDS** ☐ DELETE

NAME **KOSLEN, MICHEAL**  
STREET ADDRESS **4701 N FEDERAL HWY, #470/A-7**  
CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**7081 WOODMONT WAY  
TAMARAC, FL 33321**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**7081 WOODMONT WAY  
TAMARAC, FL 33321**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE *Michael Koslen* **MICHAEL KOSLEN** President, Director, Receiver, Trustee

CP2E034 (10/97)