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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063352 (5) FULL SERVICE I, INC.														
													1 	
Principal Place of Business Mailing Address									-					
3164 ST. ANNES PLACE 3164 ST. ANNES PLACE														
E	BOCA RATON	N FL 33496			OCA RATON FL 33496									
									3. Date Incorpor		3a. D.	ate of Last R	eport	_
<u> </u>	D: : 15	(5.			Locality				08/14/19	95				
2. 21	t. Principal Place of Business			2a. 26	2a. Mailing Address			4. FEI Number	4560	1	\vdash	Applied For	4	
ויבן	Suite, Apt. #, etc.			20	Suite, Apt. #, etc.			<u>us</u> 0	<u> </u>			Not Applicable Additional	'	
22				27	27				5. Certificate of S	Status Desired			Required	
23	City & State			28	City & State				6. Election Camp Trust Fund Co	•		•	O May Be	
	Zip Country			} 	Zip Country				8. This corporation has liability for intangible tax under s 199.032,					1
24		9. Name	25 and Address of Currer	29 nt Regist	ered Agent	30	T		Florida Statute 10. Name and A		_	d Acent		4
· · · · ·							81 Name)	to. Name and A	duites of Herri	109151010	u Agoilt		\dashv
	SHOR, L	AUREN T					82 Stree	Address	ss (P.O. Box Numbe	or is Not Accounts	blo)			4
		ANNES P	LACE				31166		ss (r.o. Box Numbe	or is NOT Acceptat	ole)			
BOCA RATON FL 33496							83							
							84 City			······································		. 85 Zi	p Code	\dashv
-11	Pursuant t	to the provisi	ons of Sections 607.0502	2 and 607	1509 Florida Statuta	o the obe	l l	2000000	ian aubaita this ata	Account day the	F			
''	or registeri	ed agent Aor	both, in the State of Flori at the obligations of, Sect	da, Such	change was authorize	d by the	corporation'	s board	of directors. I hereb	y accept the app	ointment	rnanging its r as registered	egistered office agent. Lam	9
SIG	GNATURE		7444 - 5	.h	الحراك	196	Dra	side	art		,	3/15/	910	
L		Signa €, lypeo i	or printed name of registered again			E Registered	Agent signature	required v	vhen reinstating!		DATE	J 110		_ ଜ
12		D	OFFICERS AN	D DIREC	TORS DELETE	13 .	un f	т. —	ADDITIONS/C	HANGES TO OFF	ICERS AN	ND DIRECTO	PRS IN 12	_ %
NAI		_	LAUREN T		_ Steere	12 N			SHOR	LAU	752	Change	☐ MOUNTON	CR2E034 (12/95)
SIF	REE I ADDRESS		. ANNES PLACE				TREET ADDRESS		21 1012	C1141	1) E [ı	
CIT	Y-ST-ZIP	BOCA R	ATON EL 22400								• • •			12
1111	LE	D	ATUN FL 33490			14 C	ITY-ST-ZIP					/ (ാന
NA	ME				☐ DEFELE	14C 21T		ļ				Change	☐ Addition	-15
STR		GRABEN	ISTEIN, CHRISTIE T		DEFFELE		ITLE	01		lison (/	☐ Addition	 5
	REET ADDRESS	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S	ITLE Ame Ireet address	01	iver, Al	liśon (/	☐ Add:tion	\g
-	Y-S1-ZIP	GRABEN 3164 ST	ISTEIN, CHRISTIE T			2 1 T 22 N 23 S 24 C	ITLE Ame Ireet address ITY-ST-ZIP	01		lison (Change		5
TITU	Y-S1-ZIP LE	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S 24 C 3 1 T	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	01		lison (/	Addition	#5
TITU	Y-S1-ZIP LE	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE			2 1 T 22 N 23 S 24 Cl 3 1 T 3 2 N	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE			liśon (Change		#S
NAM SIR	Y-ST-ZIP LE ME	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE			2 1 T 22 N 23 S 24 C 3 1 T 32 N 3.3 S	ITLE AME Treet Address ITY-ST-ZIP ITLE AME			liśon (Change		- B
NAM SIR	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE			2 1 T 22 N 23 S 24 C 3 1 T 32 N 3.3 S	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME AME ITY-ST-ZIP			liśon (Change		- B
NAM SIR CIT	Y-ST-ZIP LE ME MEET ADDRESS Y-ST-ZIP LE	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S 24 Cl 3 1 T 32 N 33 S 34 Cl	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE			lison (Change Change	Addition	#S
NAM SIR CIT! TITL	Y-ST-ZIP LE ME MEET ADDRESS Y-ST-ZIP LE	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S 24 C 3 1 T 32 N 33 S 34 C 4 1 T 42 N	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE			lison (Change Change	Addition	#S
TITU NAM SIR CIT' TITU NAM SIR CIT'	Y-ST-ZIP LE ME MEET ADDRESS Y-ST-ZIP LE ME MEET ADDRESS Y-ST-ZIP	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S 24 Cl 3 1 T 32 N 33 S 34 Cl 4 1 T 42 N 43 S'	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE AME ITHE ITLE ITLE			liśon (Change Change	Addition Addition	#5
TITU NAM SIR CIT TITU NAM SIR CIT	Y-S1-ZIP LE MME MEET ADDRESS Y-ST-ZIP LE MME MEET ADDRESS Y-ST-ZIP LE MEET ADDRESS Y-ST-ZIP	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S 24 C C 3 1 T 32 N 33 S 34 C C 4 1 T 42 N 43 S 44 C C 5 1 T	ITLE AME IREET ADDRESS ITY-ST-ZIP STREET ADDRESS ITY-ST-ZIP ITLE AME IREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP ITLE			liśon (Change Change	Addition	CB
TITU NAM SIR CIT' TITU NAM SIR CIT' TITU	Y-S1-ZIP LE MME ALEET ADDRESS Y-ST-ZIP LE MME ALEET ADDRESS Y-ST-ZIP LE ALEET ADDRESS Y-ST-ZIP LE	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S 24 C 1	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE AME ITHE ITHE ITHE ITHE ITHE AME ITHE ITHE ITHE ITHE ITHE AME ITHE ITHE AME			liśon (Change Change	Addition Addition	- O
TITU NAM SIR CIT' TITU NAM SIR CIT' TITU NAM SIR	Y-S1-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS WE ME LEET ADDRESS	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S 24 C 2 3 1 T 32 N 33 S 34 C 2 4 T T 42 N 43 S 7 T 52 N 53 S S	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE AME ITHE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITHE ITHE ITHE AME ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITH			liśon (Change Change	Addition Addition	- O
TITU NAM SIR CIT' TITU NAM SIR CIT' TITU NAM SIR	Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S 24 C 2 3 1 T 32 N 33 S 34 C 2 4 T T 42 N 43 S 7 T 52 N 53 S S	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE AME ITHEET ADDRESS ITY-ST-ZIP ITLE AME ITHEET ADDRESS ITY-ST-ZIP ITLE AME ITHEET ADDRESS			liśon (Change Change	Addition Addition	85
NAM SIR CIT TITUL NAM SIR CIT TITUL NAM SIR CIT TITUL NAM CIT TIT TIT TIT TIT TIT TIT TIT TIT TIT	Y-S1-ZIP LE ME LE MELE ADDRESS Y-ST-ZIP LE MELE MELE ADDRESS Y-ST-ZIP LE MELE MELE ADDRESS Y-ST-ZIP LE MELE ADDRESS Y-ST-ZIP LE MELE ADDRESS	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S' 24 C(3 1 T 3 2 N 3 3 S 3 4 C(4 1 T 4 2 N 4 3 S' 4 4 C(5 1 T 5 2 N 5 3 S) 5 4 C(5 5 4 C(6 1 C 5 1 C 5 C 5 C 5 C)	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE			lison (Change Change	Addition Addition	S
TITU NAME SIR CIT' TITU NAME	Y-S1-ZIP LE ME LE MELE ADDRESS Y-ST-ZIP LE MELE MELE ADDRESS Y-ST-ZIP LE MELE MELE ADDRESS Y-ST-ZIP LE MELE ADDRESS Y-ST-ZIP LE MELE ADDRESS	GRABEN 3164 ST	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S 24 C 2	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE			liśon (Change Change	Addition Addition	CB
NAME STATE OF THE	Y-S1-ZIP LE MME ALEET ADDRESS Y-ST-ZIP	GRABEN 3164 ST BOCA R	ISTEIN, CHRISTIE T . ANNES PLACE		☐ DELETE	2 1 T 22 N 23 S' 24 C C 3 1 T 32 N 33 S 34 C C 4 1 T 42 N 43 S' 44 C C 5 1 T 52 N 53 S S 54 C C 6 1 T 62 N 63 S C 64 C C C 64 C C C 64 C C C 64 C C C C	ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP		iver, Al			Change Change Change	Addition Addition Addition	83

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 attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayfin ie Phone ■