FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Jun 05, 2000 8:00 am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **Secretary of State** 199 2000 DIVISION OF CORPORATIONS DOCUMENT # P950000 77985 06-05-2000 90024 021 \*\*\*550.00 A-1 SERVICES of South FloRIDA, INC Mailing Address Principal Place of Business 3811 SU 47th AUE #607 FORT FAUDERUALE, FL 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business Applied For Not Applicable 21 \$8,75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip 🔒 🧀 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Scott POIRET 82 11286 SW 135T Street Ad 83 LAUDERDNEIFL 33325 84 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. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above SIGNATURE (NQTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **Change** Addition DELETE 1.1 TITLE TITLE 3 cott PoiRet 11286 SU 13 St Ft LAWERUNIE, 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS FL CITY-ST-ZIP 33325 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE T/T/F 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate any that my signature shall have the same legal effect as if made under oath; that I am an ipowered to execute this report as required by Chapter 607, Floriga Statutes; and that my name appears in indicated on this annual report or sup-officer or director of the corporation or Block 12 or Block 13 if changed, or o

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**SIGNATURE**