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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000082264 (9) DOCUMENT #
1. Corporation Name

A SERVICE GUIDE, INC.

Principal Place of	of Business	Mailing Address			1 (451195) HE 1010) ONLY STILL ONLY	50111 24161 19116 111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1111 G/51 14E-
1117 TANGELO FT. LAUDERAD) ISLE DLE FL 33315-1660	1117 TANGELO ISLE FT. LAUDERADLE FL 33315-1660						
					3. Date Incorporated or Qualified 10/26/1995	3a. Date of I	.ast Rep	port
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		A	pplied For
			ordova Road		65-0620285		N	lot Applicable
Suite, Apt. #		Suite, Apt. #, etc. 27 Suite 212		- •	5. Certificate of Status Desired	_ \$		Additional tequired
City & State	auderdale, FL	City & State 28 Ft Lauder		FL	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24 3331	Country 6 25 Broward	Zip 29 33316	Country	ward_		ŊNo		199.032,
<u> L </u>	g. Name and Address of Current				10. Name and Address of New F	legistered Age	nt	
			81	Name				
TUCKER, WILLIAM D ESQ. 735 N.E. THIRD AVENUE				Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
	ERDALE FL 33304		83					
11.000	CIDALE I E 0000 I		84	City			5 Zip	Code
				'		F1	1	
ne engintare	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Secti	ta. Such change was authorize	ea by the corp	named corpor oration's boa	ration submits this statement for the purify of directors. I hereby accept the app	rpose of changi pointment as reg	ng its re istered :	egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and titue if applicable (NO)	TE: Registered Age	ol signature require	of when reinstating)	DATE		
12.	Signature, typed or printed name or registered agent OFFICERS AND		13.	t ag enoro roquio	ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTO	RS IN 12
TITLE	PVST	DELETE	1.1 TITLE				Change	☐ Addition
NAME	BRADY, EDWARD P JR		1.2 NAME					
STREET ADDRESS	1117 TANGELO ISLE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33315-1	1660	1.4 CiTY - 5	ST-ZIP				
TITLE	D	☐ DELETE	2. 1 TITLE			□ (Change	Addition
NAME	BRADY, EDWARD P JR		2.2 NAME	1				
STREET ADDRESS	1117 TANGELO ISLE		23 STREE	T ADDRESS				
City-St-ZiP	FT. LAUDERDALE FL 33315-1		2 4 CITY-				Change	Addition
TITLE		DELETE	3. 1 TITLE			L.J.	Chan g e	☐ Addition
NAME			3.2 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4 C(TY-				Change	Addition
TITLE		☐ DELĒTĒ	4. 1 THTLE			LI	A IGHYC	L.J. Addition
NAME			4.2 NAME					
STREET ADDRESS			. I	T ADDRESS				
CITY - ST - ZiP		FIBRITE	4.4 CITY -				Change	☐ Addition
TITLE		☐ DELETE	5. 1 THTLE				J. Idingo	
NAME			5.2 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP		E DELETE	5 4 CITY-			<u>[</u>	Change	[Addition
TITLE	ĺ	☐ DELETE	6 1 TITLE				o manga	
NAME			6.2 NAME	i				
STREET ADDRESS			6.3 STREE	T ADDRESS				

SIGNATURE: Edward P Brady

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 free 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 representation of the corporation of the corporation or the representation of the corporation of the 954-765-0701

Daytme Phone #