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**Mar 05 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000083210 (1)

1. Corporation Name
EXECUTIVE INNERCITY SERVICES, INC.



Principal Place of Business
**9949 N.W. 89TH AVENUE
BAY #10
MEDLEY FL 33178**

Mailing Address
**9949 N.W. 89TH AVENUE
BAY #10
MEDLEY FL 33178-1465**

3. Date Incorporated or Qualified 10/31/1995	3a. Date of Last Report 02/27/1996
4. FEI Number 65-0642377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**PEREZ, EDUARDO G
9949 N.W. 89TH AVENUE
BAY #10
MEDLEY FL 33178**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: *Eduardo G Perez* **EDUARDO G PEREZ** DATE: **1/5/97**
Signature of registered agent or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PEREZ, EDUARDO G	
STREET ADDRESS	9949 N.W. 89TH AVENUE BAY #10	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	DVPT	<input checked="" type="checkbox"/> DELETE
NAME	GIBBINGS, STUART W	
STREET ADDRESS	9949 N.W. 89TH AVENUE BAY #10	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	PORTAL, THOMAS J	
STREET ADDRESS	9949 N.W. 89TH AVENUE BAY#10	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEREZ, EDUARDO G	
1.3 STREET ADDRESS	9949 NW 89 AV BAY #10	
1.4 CITY-ST-ZIP	MEDLEY FL 33178	
2.1 TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PORTAL, THOMAS J	
2.3 STREET ADDRESS	9949 NW 89 AV #10	
2.4 CITY-ST-ZIP	MEDLEY .FL 33178	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, 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: *Eduardo Perez* **EDUARDO G PEREZ** DATE: **1/5/97** DAYTIME PHONE #: **(805) 887-1300**
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)