

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

FILED

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  
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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

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

FL

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

Signature of registered agent or printed name of registered agent, if applicable

EDUARDO G PEREZ

(NOTE: Registered Agent signature required when reinstating)

1/5/97

DATE

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 G PEREZ

1/5/97

(805) 887-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)