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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED May 15 1998 8:00am Secretary of State

Principal Plac	URANT SERVICES CORPO	DRATION OF AMERICA Mailing Address 920 N.E. 13TH STREET FORT LAUDERDALE FORT	· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal P	Place of Business	2a. Mailing Address		12/07/1995 4. FEI Number Applied For
21		26		NOT APPLICABLE Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Required 6. Election Campaign Financing \$5.00 May Re
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	Name and Address of Curre DOMAN	ent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
	Orteh, roman O N.E. 13th Street			
	ORT LAUDERDALE FL 33304		82 Street	Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	IAP 7:- Code
·· ··				FL 85 Zip Code
SIGNATURE	тп т а тшаг w ijn, and accept the obii 	gations of, Section 607.9505, I	Florida Statutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or prioted name of registered a OFFICERS A	ND DIRECTORS	OTE Registered Agont signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	D Change Addition
NAME	S ILLIMAN, STEVEN M	••	1.2 NAME	Moreth, Roman
STREET ADDRESS	920 N.E. 13TH STREET		1.3 \$1REET ADDRESS	920 NE 13 Street
CITY-ST-ZIP	FORT LAUDERDALE FL 333		1.4 C(1Y - \$1 - Z(P	Fort Lauderdale, FL 33304
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	T ouggle T Wooding
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 FITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME OTDEET ADDRESS			5.2 NAME	
STREET ADORESS			5.3 STRFET ADDRESS	
CITY-ST-ZIP TITLE		DELETÉ	5.4 CiTY+ST-ZiP 6.1 TiTLE	☐ Change ☐ Addition
NAME			62 NAME	C onange Muliitori
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. I hereby coindicated of	ertify that the information supplied to	with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information