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FILED
Mar 19 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 # P96000027186 (1)

1. Corporation Name
SERVICE INSIGHT, INCORPORATED

Principal Place of Business
14255 US HIGHWAY ONE STE 287
JUNO BEACH FL 33408

Mailing Address
14255 US HIGHWAY ONE STE 287
JUNO BEACH FL 33408-1405



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 132 Lakeshore Dr. #720
23 City & State
N. Palm Beach FL

24 Zip
33408

2a. Mailing Address

26 Suite, Apt. #, etc.
27 132 Lakeshore Dr. #720
28 City & State
N. Palm Beach

29 Zip
33408

3. Date Incorporated or Qualified
03/27/1996

3a. Date of Last Report

4. FEI Number

65-0654002

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

10. Name and Address of New Registered Agent

VARELA, DOREEN M ESQ.
707 CHILLINGWORTH DRIVE
WEST PALM BEACH FL 33409

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCEWEN, ANNE E	
STREET ADDRESS	14255 US HIGHWAY ONE STE 287	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCEWEN, MURRAY	
STREET ADDRESS	RURAL ROUTE 3	
CITY-ST-ZIP	ONTARIO CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROUSE, KATE	
STREET ADDRESS	3 BRENTWOOD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33409	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, ELLEN	
STREET ADDRESS	4171 AFTON COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCER, SARAH J	
STREET ADDRESS	1120 C SANDRIFT WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCEWEN, ALTON	
STREET ADDRESS	1 THE KINGWAY	
CITY-ST-ZIP	TORONTO ONTARIO CANADA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anne E McEwen	
1.3 STREET ADDRESS	132 Lakeshore Dr #720	
1.4 CITY-ST-ZIP	N. Palm Beach, FL 33408	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 or 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:

Anne E McEwen

03/11/97

1564491-9299

CR2E034 (9/96)