

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027186 (1)

1. Corporation Name

SERVICE INSIGHT, INCORPORATED

Principal Place of Business

132 LAKESHORE DR
#720
N. PALM BEACH FL 33408
US

Mailing Address

132 LAKESHORE DRIVE
#720
N. PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCEWEN, ANNE E
STREET ADDRESS 14255 US HIGHWAY ONE STE 287
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE STD
NAME MCEWEN, MURRAY
STREET ADDRESS RURAL ROUTE 3
CITY-ST-ZIP ONTARIO CANADA

TITLE D
NAME CROUSE, KATE
STREET ADDRESS 3 BRENTWOOD ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL 33409

TITLE D
NAME MORRIS, ELLEN
STREET ADDRESS 4171 AFTON COURT
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D
NAME SPENCER, SARAH J
STREET ADDRESS 1120 C SANDRIFT WAY
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE PD
NAME MCEWEN, ANNE E
STREET ADDRESS 132 LAKESHORE DRIVE., #720
CITY-ST-ZIP N. PALM BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

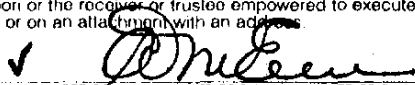
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 addendum.

SIGNATURE:



CR2E034 (10/97)