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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000052739 (5)

1.	Corporatio A BR	THE PERSONS			EE SERVICE,	• •							
Principal Place of Business Mailing Address										-{	NY EDIYA HAMID (D	AN HIO I	
11443 N.W. 43 STREET 11443 N.W. 43 STF							न						
CORAL SPRINGS FL 33065				CORAL SPRINGS FL 33065			DO NOT HIDITE IN THIS DOADE						
										DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
										06/20/1996			
2.	Principal P	lace of Busi	ness		2a, Mailing Address					4, FEI Number		Applied	1 For
21	·				26					65-0674108		 -	plicable
<u>l</u>	Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.7	5 Additi			
22					27			5. Certificate of Status Desired	Fee	Bequire	ed		
Ц	City & State				City & State			6. Election Campaign Financing		00 May			
23	Zip Country			Zip Country					Trust Fund Contribution		led to Fe		
24	Zip 		25	шту				Country		8. This corporation owes or has paid the Personal Property Tax due June 30.	current year	r Intangit No	
24	g. Name and Address of Current			Registered Agent					10. Name and Address of New Registers				
JOHNSON, BERYL L							81	Nan	ne		<u> </u>		
1 11443 N.W. 43 STREET							82	82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS FL 33065					02			300	er noure	ess (F.O. DOX 140(FIDE) IS 140(ACCEPTABLE)			
							83						
							84	City	·		85	Zip Code	
								1		F	L	•	
ļ	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 								ed corpo orporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing pointment	ig its regis	istered tered
SIC	SNATURE	Signature, typed	d or printed he	anie of regeleted agent	Land tele if applicable	(NO1E : F	Registered Age	ent signa	ture require	ed when reinstating) DATE			
12				OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT		
TITL	Ę	P				DELETE	1.1 TITLE				Chan	ge 🗀	Addition
NAA	AE .		, TIMMY				1.2 NAME						
				3 STREET			1.3 STREET ADDRESS		is				
			L SPHIN	GS FL 33065	DELETE		1.4 CITY - SY - ZIP		_				4.4300
TITL		\$TD	CON DE	SOVI I		DELETE	2.1 TITLE		1		Chan	ge L	Addition
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	EET ADDRESS			GS FL 33065			2.3 STREET		×>	•			
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TITL		1			اب	טבננונ	6.1 TITLE				L Chan	je LL	Addition
'NAN							62 NAME	r annorr					
1	EET ADORESS	1					63 STREET	HUUKES	9				i

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 trusted 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.

FILED

Apr 27 1998 8:00am

Secretary of State