

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 96000065140			
SERVICES INSTALL SYSTEMS CONSULTING INC. 275 NW Fontainebleau Blvd # 130 Miami Florida 33172			
Mailing Address			
DO NOT WRITE IN THIS SPACE			
2. Principal Office of the corporation		3. Date Incorporated or Qualified	
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country
25. Mailing Address	26. Suite, Apt. #, etc.	27. City & State	28. Zip
29. Country	30. Country	31. Applied For	
32. Certificate of Status Desired		33. \$8.75 Additional Fee Required	
34. Election Campaign Financing Trust Fund Contribution		35. \$5.00 May Be Added to Fees	
36. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		37. Yes ☐ No ☐	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
85. FL		86. Zip Code	
11. Pursuant to the provisions of Sections 607.002 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			
(NOTE: Registered Agent signature required when reappointing)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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 appointed 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 to this report.		200002529572 -05/19/98-01080-042 ***150.00	

CR2E034 (10/97)