SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name P96000076128 (3)

## FLORIDA COMPLIANCE SERVICES, INCORPORATED

**FILED** Jul 09 1998 8:00am Secretary of State



	_									
Principal Place of Business Mailing Address							A CONTINUE THE DAMA OF HE CONTINUE O			
3601 NARANJA WAY SARASOTA FL 34232				3601 NARANJA WAY SARASOTA FL 34232					DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualified	
2 2 2 2 2 2				. A. 4 - 10' A					09/12/1996	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	Applied For
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					65-0697197	Not Applicable
22				27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State				City & State					6. Election Campaign Financing	\$5.00 May Be
23				28					Trust Fund Contribution	Added to Fees
Žíp	· — ·			Zip Coun			iry	8. This corporation owes or has paid the current year Intangible		
24	25     29			4 14	30				Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent  81 Name									10. Name and Address of New Register	ed Agent
CARTER, DONALD L						`	oi Name			
3601 na <b>r</b> anja way Saras <b>ota</b> Fl 34232							2	Street Addres	ss (P.O. Box Number is Not Acceptable)	-
		- 1202				8	3			
						8	4	City	F	L 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		gistered agent and title		(NC		i Ag	ent signature requin	ed when reinstating) DATI	
12.		OFFI	CERS AND DIR	ECTORS		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D				DELETE	1.1 TITLE		Ì		Change Addition
NAME		DONALD L				1.2 NAM	E			
STREET ADDRÉSS		PANJA WAY				1.3 STRE	ET#	ADORESS		
CITY-ST-ZIP		TA FL 34232				1.4 CITY		ZIP		
TITLE	D			L.,	DELETE	2.1 TITLE				Change Addition
NAME		OWIAK, ART				2 2 NAM				
STREET ADDRESS	830 GOLI							ADDRESS		
CITY-ST-ZIP	VENICE F	L 34285				2.4 CITY		ZIP	<u>-</u>	
TITLE				L	DELETE	3.1 TITLE				☐ Change ☐ Addition
NAME						3.2 NAM				
STREET ADDRESS								ADDRESS		
CITY-ST-ZIP					<del></del>	3.4 CITY		ZIP		
TITLE				L	DELETE	4.1 TITLE				Change Addition
NAME	ı					4.2 NAM				
STREET ADDRESS								ADDRESS		
Crity-st-zip				·		4.4 CITY-		ZIP		
TITLE				Ĺ.	DELETE	5.1 TITLE				Change Addition
NAME						5.2 NAM				
STREET ADDRESS						5.3 STRE				
CITY-ST-ZIP			• • • • • • • • • • • • • • • • • • • •			5.4 CITY-		ZIP		
TITLE				L.,	DELETE	6.1 TITLE				Change Addition
NAME						6.2 NAMI				
STREET ADDRESS						6.3 STRE	EÍA	ADDRESS		

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 samplemental annual report is true and accurate and that my afginature shall have the same legal effect as if made under oath; that I am an officer or director of the composition or the receiver or trustee empowered to explude 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 extensiment with an address.