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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000080659 (1)

FILED May 06 1997 8:00am Secretary of State

	RINE SERVICES, INC.					
Principal Place of Business Mailing Address 3302 SUNRISE BLVD FT PIERCE FL 34982 FT PIERCE FL 34982-8488				, realization of the series of the series of the	15 BRUK AND 1 SING 1811 (88)	
				3. Date incorporated or Qualified 3a. 10/01/1996	Date of Last Report	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 2709	30 27th Street	26 2709 50 2	TRAFFICE		Not Applicable	
Suite, Apl 22	وروست المراجع	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	Pierce Fi	28 Fort Plex		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 3498		29 34981	30 St Lucie	Florida Statutes	2700	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	d Agent	
ALVEY, SUSAN J (81) Name						
3302 SUNRISE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)		
FT PIERCE FL 34982						
}			83			
			84 City		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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	***************************************					
12,	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS . (NO	TE: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS A		
Title	D	DELETE	1.1 TITLE	Ducaday Pris	ND DIRECTORS IN 12 Change Addition	
NAME	ALVEY, SUSAN J		1,2 NAME	Torone MIGIAMINY.		
STREET ADDRESS	3302 SUNRISE BLVD		1.3 STREET ADDRESS	2704 50 27th Street	FRZ	
CITY-S1-ZIP	FT PIERCE FL 34982		1.4 CITY-ST-ZIP	Jerome MiGray, Jr. 2709 50 27th street FORT Pièrce FL 34981	18	
TITLE		DELETE	2.1 TrTLE		Change Addition C	
NAME			22 NAME			
STREET ACCRESS			23 STREET ADDRESS			
CiTY-ST-ZiP			2.4 CITY-SY-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME]			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition	
T-TLE		LJ DELETE	4.1 TITLE 4. 2 NAME		Change Addition	
NAME STREET ADDRESS						
1 " 1			4.3 STREET ADDRESS		/) .	
CITY+ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME		 ·	5.2 NAME		15/20	
STREET ADDRESS			5.3 STREET ADDRESS	$\mathcal{L}_{\mathcal{H}}$	n 1/1/194	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		11419	
THE		DELETE	61 TITLE	400001717	Change Addition	
NAME			6.2 NAME	4000021713 -05/08/9701058 ***165.00	058 504	
STREET ADDRESS			6.3 SYREET ADDRESS	###18C DD	000	
CITY - ST - ZIP			6.4 CHTY - ST - ZIP	****TOO* OO		
	by certify that the information suppli	ied with this filing does not qua	lify for the exemption st	ated in Section 119.07(3)(i), Florida Statutes, I furt	her 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 charged, or on an attachment with as address.

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