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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOCOO 7062

1. Corporation	ERVICES OF FLORIDA EAS				I HERIKEEN KIA NAMERIKEEN KAN ARIKE ANKIN ARIKEEN ARIKE		
	<u> </u>						
Principal Place of Business Mailing Address							
4365 11TH PL SW 4365 11TH PL SW VERO BEACH FL 32968 VERO BEACH FL 32968							
VENO BEACH	FL 32300	VERO BEACH FL 32968			DO NOT WRITE IN	THIS SPACE	
}					3. Date incorporated or Qualifed	THIS OF AGE	
					10/21/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	I Ar	pplied For
21 26				65-0738213	} 	ot Applicable	
		Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5. Certifcate of Status Desired	\$8.75	Additional
22 27					5. Certificate of Status Desired	Fee Re	equired
├ ^{──} ┐		City & State			6. Election Campaign Financing	•	May Be
Zip	Country	28	C		Trust Fund Contribution		to Fees
	25	Zip	Country	у	8. This corporation owes the current ye		
24	9. Name and Address of Currer		30		Personal Property Tax.	Yes	□No
	9, Name and Address of Curren	it veðisteran viðant	81	I Name	10. Name and Address of New Regis	erea Agent	
CAN	ITNER, C ROBERT						
4365 11TH PL SW			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
VER	O BEACH FL 32968		83	1			
			00	1	***		
			84	City		85 Zip	Code
44 Purcuant	to the provisions of Sections 607.050	12 and 607 1509. Elorido Statuto	a the char	is named as		FL 3 25	
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized by	the corpora	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its appointment as re	registered gistered
agent. 1 a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes	S.			-
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: 6	Registered Ana	int signature regi	uired when reinstating) DA	TE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER		DRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		*	☐ Change	☐ Addition
NAME	CANTNER, C ROBERT		1.2 NAME				_
STREET ADDRESS	4365 11TH PL SW		1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32968		1.4 CITY-ST-ZIP				
TITLE	D	. DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	Cantner, Edna		2.2 NAME		٠		_
STREET ADDRESS	AGOS AATIL DL OM		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32968		2. 4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	CANTNER, RICHARD G		3.2 NAME				
STREET ADDRESS	208 REVERE BLVD		3.3 STREET ADDRESS				
CITY-ST-ZIP	WEST LAWN PA 19609		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		14 1	☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY-SY-ZIP				
TITLE		(DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	·		5.3 STREET	T ADDRESS			
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP				
TITLE	A STATE OF THE STA	☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	and the second second second second		6.3 STREET	T 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 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90060 045 ***150.00