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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P96000095143 (9)

EXECUTIVE OFFICE SERVICES CORPORATION

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							terr marra sáste ársár ts	5(1 518 0 5 1111 1081
1511 E. COMMERCIAL BLVD. #8 1511 E. COMMERCIAL BLVD. #8								
FORT LAUDERDALE FL 33334-5717 FORT LAUDERDALE FL 3333				34-5717		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		·
						01/01/1997		
2. Principal Place of Bu	siness	2a. Mailing A	\ddres s		····	4. FEI Number		Applied For
21	26				65-0726201		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional
22 City & State	City & City				7	F	ee Required	
_	City & State				6. Election Campaign Financing		.00 May Be	
Zip Country		Zip Country				Trust Fund Contribution 8. This corporation owes or has p		dded to Fees
24	25	29	30	_ ′		Personal Property Tax due Juni	′	D No
9, Nan	ne and Address of Current		ont			10. Name and Address of New Ri		
GRAHAM, S	USAN			81	Name	Crahen Cores		
12738 NW 13TH STREET			82 Street Add			Graham, Susan dress (P.O. Box Number is Not Acceptable)		
SUNRISE FL 33323						750 N. Ocean Blvd.	#1202	į
				63				
			4	84	City		—. 85	Zip Code
			10			Pompano Beach, FL		33062
11. Pursuant to the prov office or registered	visions of Sequens 607.0502 agent, or both in the State c	and 607.1508, F f Florida, Such c	lofid a S tatutes, Jiango was auti	the above	e-named corporation	oration submits this statement for the	purpose of chang	ing 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, 1505, Florida Statutes.								
SIGNATURE Signature, tylicid or profited more of registered agreed and title of agrificable (NOTL Registered Agent signature required when reinstating) DATE OF THE PROFITE OF THE PROFI								
12,	OFFICERS AND		(NOIL H	ngistered Age	ni signature require	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS IN 12
	Sident		DELETE	1.1 THILE		ADDITIONO/OFFACEUTO OFFE	Ch	
NAME SUS	(310) (F)			1.2 NAME				· -
STREET ADDRESS 750	an Graha	Maria.	# 120,5	1.3 STREET	ADDRESS			
CITY-ST-ZIP TO	mpano Beac	1 92	32063	1.4 CITY - S	T-ZIP			
TITLE	1		DELETE	2.1 TITLE			Ch	ange Addition
NAME				2.2 NAME	•	_		
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP		_ _	1	2.4 CITY-S	1 - ZIP			
TITLE		L] DELETE	3 1 TITLE			L∐ Ch	ange L. Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP TITLE		-	DELETE	3.4. CITY-S 4.1 THILE	1 - ZIP		Ch	ange Addition
NAME				4. 2 NAME				ango La Modition
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CHY-S1				
TITLE			DELETÉ	5.1 TITLE			Chi	ange Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S1				
TITLE			DELETE	6.1 TITLE			☐ Ch:	ange Addition
NAME				6.2 NAME				
STREET ADDRESS		1		6.3 STREET	ADDRESS			
CITY+ST-ZIP				6.4 CITY - ST				
14. I hereby certify that indicated on this and	the information supplied with hual report or supplemental	i this filing doos annual exortis	not qualify for th	ne exempt ite and tha	on stated in S	Section 119.07(3)(i), Florida Statutes. Ì e shall have the same legal effect as i	turther certify that made under out	at the information

relicated on this annual report of sphericinal arrival optimization and accurate and rital ray signature shall have the same legal effect as it made under oath; that I am all officer or director of the corporation or the receiver or distanced 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. Susan Graham