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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P96000103641 (2) **DOCUMENT #**

PETRU SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



175 SOUTH ELM STREET 175 SOUTH ELM STREET FELLSMERE FL 32948 FELLSMERE FL 32948 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3417698 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YURKIEWICZ, PETER S 175 SOUTH ELM STREET 82 Street Address (P.O. Box Number is Not Acceptable) FELLSMERE FL 32948 83 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TO LE Change Addition YURKIEWICZ. PETER S NAME 1.2 NAME 175 SOUTH ELM STREET STREET ADDRESS 1.3 STREET ADDRESS **FELLSMERE FL 32948** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 THILE Addition YURKIEWICZ, RUTH NAME 2.2 NAME 175 SOUTH ELM STREET STREET ADDRESS 2.3 STREET ADDRESS **FELLSMERE FL 32948** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE _ DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 it 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 of an attraction with an address.