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 # P96000103641

1. Corporation Name

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90039 014 ***150.00

Principal Place of Business Mailing Address 175 SOUTH EUR STREET FELISIVERE FL. 32948	PETRU	SERVICES, INC.				
175 SOUTH ELM STREET FELLSMERE FL 32946 180			A & - Ulimar A adalmana			
### PELISMERE FI. 32948 Pelisment Fi. 32948 Pelisment of Business 2a. Melling Address 4. FEI Number Applied For 19/2/23/1998 Nat Application 19/2/23/1998 National 19	•	•	-			
2. Principal Place of Business 2. Mailing Address 3. Date Incorporated of Outside 12/23/1996 2. Principal Place of Business 3. Applied For 59-3417688 3. Applied For 59-3417688 3. Applied For 59-3417688 3. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Applied For 59-3417688 S. Control of Status Desired S. Control of Status De						
2. Principal Place of Business 2a, Mailing Address 4, FEI Nimber Applied For	TELLOMENE FL	. 32540	recoment re ozo-to			DO NOT WRITE IN THIS SPACE
2. Principal Place of Business						3. Date Incorporated or Qualifed
SUID, Apt. 8, etc. 20						12/23/1996
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address			
City & State	21	•	26			59-3417698 Not Applicable
Total Figure Section	Suite, Apt.	#, etc.				= Contitonto of Statue Decired
Added to Fees Zip	22	•	27			5. Certificate of otation Desired Fee Required
Zip	City & Stat					
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 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, and accept the obligations of, Section 607,0502, 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 agent on the Fishedote. 11. Pursuant to the provisions of Sections 607,0502, 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 or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of the purpose of purpose of purpose of purpose of purpose its registered agent or both, in the State of Florida. Statutes, the	23		28			Trust Fund Contribution Added to Fees
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11, Name and Address of New Registered Agent 12, Name and Address of New Registered Agent 13, Name and Address of New Registered Agent 14, Name 15, Name and Address of New Registered Agent 15, Name and Address of New Registered Agent 17, SOUTH ELM STREET FELLSMERE FL 32948 11, Pursuant to the provisions of Sections 807,0502 and 807,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am finalize with, and except the obligations of Section 90,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am finalize with, and except the obligations of Section 90,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am finalize with, and except the obligation of Section 90,050, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am finalize with, and except the appointment as registered agent. I am finalize with, and except the appointment as registered agent. I am finalize with, and except the subprintment agent and the # septiation. 15, SOUTH ELM STREET 12, OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, NAME 12, NAME 12, NAME 12, NAME 13, STREET ADDRESS /75	Zip	Country	Zip Co	ountry		
VURKIEWICZ, PETER S 175 SOUTH ELM STREET FELLSMERE FL 32948 83 44 City FL 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 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, byself or prince instead agent and title displaced. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 11. STREET ADDRESS 175 SOUTH ELM STREET 11. STREET ADDRESS 176 SOUTH ELM STREET 12. STREET ADDRESS 177 SOUTH ELM STREET 12. STREET ADDRESS 178 SOUTH ELM STREET 12. STREET ADDRESS 13. STREET ADDRESS 14. STREET ADDRESS 15. S.	24		. ==1			relability reporty read
VURKIEWICZ, PETER S 175 SOUTH ELM STREET FELLSMERE FL 32948 46 City FL 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 agent. Jam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Jam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 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 agent. Jam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE 15. TITLE 15		9. Name and Address of Curren	t Registered Agent	4.		
175 SOUTH ELM STREET FELLSMERE FL 32948 181 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Flonds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.6505, Flonds Statutes. SIGNATURE Signature, byte of printed rainer of registered agent are to the flagelation. (NOTE Respitatored Agent Registered Registered Registered Agent Registered Agent Registered	. VIII	WIENACT DETED C		81	Name	ne
FELLSMERE FL 32948 B3				82	Street	et Address (P.O. Box Number is Not Acceptable)
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 agent, or both, in the State of Florida. Statutes the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. Figure State Stat						
11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, or both, in the State of Florida. State of the provision of the pr	FEL	LOMERE PL 32948		83		
11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, or both, in the State of Florida. Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In the State of Florida Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the appoin		·		94	City	85 Zip Code
SIGNATURE Commonwealth Commonwe				-	*	FL '
TITLE					nt signature	
NAME STREET ADDRESS 175 SOUTH ELM STREET 13 STREET ADDRESS 175 SOUTH ELM STREET 13 STREET ADDRESS 175 SOUTH ELM STREET 14 CTY-ST-ZP CHANGE CTY-ST-ZP CTY				_		
TREET ADDRESS 175 SOUTH ELM STREET CITY-ST-ZP FELLSMERE FL 32948 D D D D D D D D D D D D D D D D D D		_				DETED & YUAKIEWICZ
TITLE DELETE 1.4 CITY-ST-ZIP FELLSMERE FL 32948 1.4 CITY-ST-ZIP FELLSMERE FL 32948 1.5 CITY-ST-ZIP FELLSMERE FL 32948 1.6 CITY-ST-ZIP FELLSMERE FL 32948 1.7 SOUTH ELM STREET 2.3 STREET ADDRESS 7.7 S.O. E. L. S.		ARE COURT FULL CENTER	12	CTDEE	r ADDDESS	SELIZE SO. ELM ST.
TITLE D						Carron BAR GIARIAA 33948
NAME STREET ADDRESS CITY. ST-ZIP TITLE DELETE DELET					1-21	Change Addition
17 SUUTH ELM STREET 23 STREET ADDRESS 73 5		l ⁻				n - u vu a wi Ewi c 2
CITY_ST-ZIP		47C COUTH CLM CTREET			ADDRESS	SS TO S. FLM. ST.
TITLE						COL S CON C.A. 33 940
NAME		I ECCONELLE I E 02340			11+21	
STREET ADDRESS 3.3 STREET ADDRESS 3.4 C(TY. ST-ZIP		. ,				
CITY-ST-ZIP	•	ما در کامیسی ۵ کیل سخت پیپید سید که				
TITLE	•					. ,
NAME	• •					Change Addition
A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP						
Addition					TADDRESS	SS
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY- ST-ZIP 5.4 CITY- ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS						
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CTX/ ET ZIP						☐ Change ☐ Addition
STREET ADDRESS			***			
5.4 CITY-ST-ZIP			5.3	STREE	TADORESS	ss
TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CTC/ CT /ID						,
NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 ATTY OF THE						☐ Change ☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS		1	·	NAME	•	
STREET ADDRESS			6.3	STREE	T ADDRESS	ss
CITY-ST-ZIP 6.4 CITY-ST-ZIP		1	6.4	ÇITY-S	T-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99 561-571-005
Date Daytime Phone #