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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90017 018 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700004715

MIAMI SPRINGS SERVICE CENTER, INC.

Principal Place	e of Business	Mailing Address		1 (86)(08) 1(8 (01)) (03)(83)() 88(6) 08(1) 0	6)14 EDIŞI BIBIL 16004 11694 BIŞI 1891	
325 N ROYAL	POINCIANA BLVD	325 N ROYAL POINCIANA	BLVD			
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166				DO NOT WEITE IN T	HC CDACE	
	•	•		DO NOT WRITE IN TO	HIS SPACE	٦ .
			1	3. Date Incorporated or Qualifed		
0 0-1110	N	2a. Mailing Address	•	01/10/1997 4. FEI Number	Applied For	-
	Place of Business	⊢ •		65-0716248	Not Applicable	4 3
Suite, Apt.	# ata	Suite, Apt. #, etc.		03-07 10240	\$8.75 Additional	┨.
	#, BlG.	27		5. Certificate of Status Desired	Fee Required	1
22 City & State	te .	City & State		6. Election Campaign Financing	\$5.00 May Be	- _
23		28		Trust Fund Contribution	Added to Fees	1
Zip	Country	Zip	Country	8. This corporation owes the current year		1
24	25	·	30	Personal Property Tax.	Yes No	
	9. Name and Address of Current			10. Name and Address of New Register	ed Agent	1
	Control of the Contro	1.00	81 Name			
RAY	/BON, LARRY	1487	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		-
	I IIII IVI AIL	83V.3.	62 Sileel Au	diess (F.O. Box Number is Not Acceptable)	الارتراج والارتجاء المهروب المراجع الراجع والمراجع	
PEM	ABROKE PINES FL 33028		83			1
	•		24 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone Code	4
			84 City	· F	85 Zip Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	f Florida. Such change was at	thorized by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
anent i a						1
-	im tamiliar with, and accept the obligation	ons or, Section 607.0305, Flor	ida Statutes.	·		
agent. I a SIGNATURE	Signature, typed or printed name of registered agent			red when reinstating) 1 , 5, 2 DATE		6
-	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	600
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature requ			(44,00)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P RAYBON, LARRY	and title if applicable. (NOTE:	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	24 744 600)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND P RAYBON, LARRY 1297 NW 167TH AVE	and title if applicable. (NOTE:	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	1004 (44 (00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P RAYBON, LARRY 1297 NW 167TH AVE PEMBROKE PINES FL 33028	and title if applicable. (NOTE: D DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition	100
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P RAYBON, LARRY 1297 NW 167TH AVE PEMBROKE PINES FL 33028 VP	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	100
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P RAYBON, LARRY 1297 NW 167TH AVE PEMBROKE PINES FL 33028 VP RAYBON, MARK	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition	100
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P RAYBON, LARRY 1297 NW 167TH AVE PEMBROKE PINES FL 33028 VP RAYBON, MARK 302 SW 190 TERR	end title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition	100
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP