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

PROFIT FLORIDA DEPARTMENT OF STATE

CORPO	ROFIT ORATION L REPORT 998	Sa S	DEPARTMENT OF STATE Indra B. Mortham Recretary of State N OF CORPORATIONS	Aug 11 1998 Secretary of	
DOCUN 1. Corporation	MENT # 19700	0009604			
•		SERVICES, INC	•		
Principal Place		Mailing Address		-	
•	LAKE MARY BLV		Y BRANCH TR	DO NOT WRITE IN THIS SPACE	
SANFORD		ORMOND B		3. Date Incorporated or Qualified	
FL 327	/ / 3 Pisce of Business	FL 3217	4	1/27/97 4. FEI Number	oplied For
21		26		EO 040000E	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· -	Additional
City & State	e	City & State			Required May Be
23	<u> </u>	28			ed to Fees
Zip 24	Country25	Zip 29]	Country 30	8. This corporation owes or has paid the current year in Personal Property Tax due June 30. X Yes	ntangible] No
9	. Name and Address of Cur		81 Name	10. Name and Address of New Registered Agent	
			، ل، اا	Iress (P.O. Box Number is Not Acceptable)	
			115	Iress (P.O. Box Number is Not Acceptable)	
			83 1, 0, 1		
			$\square \cup ORM$	LOND BCH. FI	
14 Dureuant te	o the provideigns of Salinon	807 4502 and 607 1508 Flori	84 City	TOND BCH. FI FL 85 ZIDC Composition submits this statement for the purpose Woba	174
registered appointment SIGNATURE _	office or registered egent, or at as registered agent. I am	both in the State of Florida. It is a possible to the control of t	da Statutes, the above-name Such change was authorized phigations of, Section 607.05	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the 005, Florida Statutes.	174
registered appointment SIGNATURE _	office or registered egent, or nt as registered agent. I am Signature, typed or pented name	607 9502 and 607.1508, Florida. Soft in the State of Florida. State of Florida in the Florida in the State of Florida. State of Florida in the State of Florida in the State of Florida in the State of Florida. State of Florida in the State of Florida in	da Statutes, the above-name Such change was authorized phigations of, Section 607.05	d corporation submits this statement for the purpose of cha	nging Its
registered appointment SIGNATURE	office or registered egen, or not as registered agent. I am A Signature, typed or Printed name OFFICERS A	pon in the State of Florida. It is a property of registered agent and title if apparent of the Communication of th	da Statutes, the above-name Such change was authorized biligations of, Section 607.09 bilicable (NOTE: Registered 13.	d corporation submits this statement for the purpose of chair by the corporation's board of directors. I hereby accept the (05, Florida Statutes. Agent signature required when reinstating) DATE	nging Its
registered appointment SIGNATURE	office or registered egen, or not as registered egent. I am a signature, typed or firmled name of the control o	pon in the State of Florida. It familiar with, and accept the configuration of registered agent and title if apparent and title if apparent processing the processing of the p	da Statutes, the above-name Such change was authorized biligations of, Section 607.09 bilicable (NOTE: Registered 13. 1.1 TITLE 1.2 NAME	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the io5, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	nging its
registered appointment SIGNATURE	office or registered egen, or not as registered egent. I am a signature, typed or firmled name of the control o	pon in the State of Florida. It is a property in the country of repistered agent and title if apparent in the property of the country of the	da Statutes, the above-name Such change was authorized biligations of, Section 607.09 bilicable (NOTE: Registered 13.	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the io5, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	nging its
registered appointment SIGNATURE	office or registered egen, or not as registered egent. I am a signature, typed or familied name of the control	pon in the State of Florida. It is a property in the country of repistered agent and title if apparent in the property of the country of the	da Statutes, the above-name Such change was authorized biligations of, Section 607.09 bilicable (NOTE: Registered, 13.1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the io5, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	nging its
registered appointmet SIGNATURE	Signature, typed partied name OFFICERS A P JEROME H FE SS 115 SHADY B ORMOND BEAC	pon in the State of Florida. It is a property of registered agent and title if apparent	da Statutes, the above-name Such change was authorized biligations of, Section 607.09 E L D M A Discable (NOTE: Registered, 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the 105, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	nging Its 2 S IN 12 Addition
registered appointment SIGNATURE	Signature, typed partied name OFFICERS A P JEROME H FE SS 115 SHADY B ORMOND BEAC	pon in the State of Florida. It is a property of registered agent and title if apparent	da Statutes, the above-name Such change was authorized biligations of, Section 607.09 bilicable (NOTE: Registered, 13.1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the 105, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	nging Its 2 S IN 12 Addition
registered appointment appoint	Signature, typed partied name OFFICERS A P JEROME H FE SS 115 SHADY B ORMOND BEAC	pon in the State of Florida. It is a property of registered agent and title if apparent	da Statutes, the above-name Such change was authorized biligations of, Section 607.05 bilicable (NOTE: Registered.) 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the 105, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	nging Its 2 S IN 12 Addition
registered appointment appoint	office or registered egent, or not as registered egent lamb. Signature, typed primited name. OFFICERS A P JEROME H FE SS 115 SHADY B ORMOND BEAC	of registered egent and title if eps AND DIRECTORS DELETE LDMAN, MD RANCH TRAIL H, FL 32174	da Statutes, the above-name Such change was authorized biligations of, Section 607.05 biligations of, Section 607.05 licable (NOTE: Registered, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	d corporation submits this statement for the purpose of chain by the corporation's board of directors. I hereby accept the 105, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Change Change	nging Its 2. S IN 12 Addition Addition
registered appointment appoint	office or registered egent, or not as registered egent lamb. Signature, typed primited name. OFFICERS A P JEROME H FE SS 115 SHADY B ORMOND BEAC	of registered egent and title if eps AND DIRECTORS DELETE LDMAN, MD RANCH TRAIL H, FL 32174	da Statutes, the above-name Such change was authorized biligations of, Section 607.05 bilicable (NOTE: Registered.) 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	d corporation submits this statement for the purpose of chain by the corporation's board of directors. I hereby accept the 105, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Change Change	nging Its 2. S IN 12 Addition Addition
registered appointme SIGNATURE 12. TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE TITLE TITLE TITLE TITLE	office or registered egent, or not as registered egent lamb. Signature, typed primited name. OFFICERS A P JEROME H FE SS 115 SHADY B ORMOND BEAC	of registered egent and title if eps AND DIRECTORS DELETE LDMAN, MD RANCH TRAIL H, FL 32174	da Statutes, the above-name Such change was authorized biligations of, Section 607.05 biligations of, Section 607.05 licable (NOTE: Registered, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	d corporation submits this statement for the purpose of chain by the corporation's board of directors. I hereby accept the 105, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Change Change	nging Its 2. S IN 12 Addition Addition
registered appointment appoint	office or registered egent, or not as registered egent lamb. Signature, typed premised name. OFFICERS A P JEROME H FE SS 115 SHADY B ORMOND BEAC	pon in the State of Florida. It is a provinced by the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent	da Statutes, the above-name Such change was authorized biligations of, Section 607.05 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the 105, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Change Change Change	nging Its I S IN 12 Addition Addition
registered appointme SIGNATURE 12. TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE TITLE TITLE TITLE TITLE	office or registered egent, or not as registered egent lamb. Signature, typed premised name. OFFICERS A P JEROME H FE SS 115 SHADY B ORMOND BEAC	pon in the State of Florida. It is a provinced by the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent	da Statutes, the above-name Such change was authorized biligations of, Section 607.04 13. Olicable (NOTE: Registered. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the 105, Florida Statutes. Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Change Change Change	nging Its I S IN 12 Addition Addition
registered appointment SIGNATURE 12. TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE	office or registered egent, or not as registered egent lamb. Signature, typed premised name. OFFICERS A P JEROME H FE SS 115 SHADY B ORMOND BEAC	pon in the State of Florida. It is a provinced by the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent and title if epocation in the control of registered egent	da Statutes, the above-name Such change was authorized biligations of, Section 607.05 biligations of, Section 607.05 colored to the section 607.05 colored t	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the lost, Florida Statutes. Agent signature required when reinstating) DATE	nging Its I S IN 12 Addition Addition
registered appointme SIGNATURE 12. TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME NAME NAME	office or registered egent, or at as registered egent is and signature, typed or arrived names Signature, typed or arrived names P	pon in the State of Florida. Iteratives with, and accept the conference of registered egent and title if epsemble of registered egent egen	da Statutes, the above-name Such change was authorized biligations of, Section 607.05 13. Dicable (NOTE: Registered.) 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the lost, Florida Statutes. Apent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Change Change Change	nging Its S IN 12 Addition Addition
registered appointment SIGNATURE 12. TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE	office or registered egent, or at as registered egent is and signature, typed or arrived names Signature, typed or arrived names P	pon in the State of Florida. Iteratives with, and accept the conference of registered egent and title if epsemble of registered egent egen	da Statutes, the above-name Such change was authorized biligations of, Section 607.05 biligations of, Section 607.05 colored to the section 607.05 colored t	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the loss Florida Statutes.	nging Its S IN 12 Addition Addition
registered appointment SIGNATURE 12. TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES STREET ADDRES STREET ADDRES	office or registered egent, or at as registered egent is and signature, typed or arrived names Signature, typed or arrived names P	pon in the State of Florida. Iteratives with, and accept the conference of registered egent and title if epsemble of registered egent egen	da Statutes, the above-name Such change was authorized biligations of, Section 607.04 13. Dicable (NOTE: Registered.) 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the lost, Florida Statutes. Apent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Change Change Change	nging Its S IN 12 Addition Addition
registered appointment SIGNATURE 12. TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP TITLE NAME STREET ADDRES CITY - ST - ZIP	office or registered agent, or at as registered agent is and signature, typed or arrived names Part	pon in the State of Florida. It is a provinced by the confidence of registered egent and title it epoch and DIRECTORS DELETE DELETE DELETE DELETE DELETE	da Statutes, the above-name Such change was authorized Diligations of, Section 607.05 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	d corporation submits this statement for the purpose of chail by the corporation's board of directors. I hereby accept the lost, Florida Statutes. Apent signature required when reinstating) DATE	nging Its S IN 12 Addition Addition Addition

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.

SIGNATURE:

STF FL32381F.1

JOHNAN Jerome Feldman
THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904/672-8810

Daytime Phone #