

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

APPROVED
AND
FILED

98 OCT 27 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified Feb 28, 1997	
4. FEI Number 650734773	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra S. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020699

1. Corporation Name

Room Service Inc

Principal Place of Business

Mailing Address

5028 Monterey LN
Delray Bch, FL 33484

2. Principal Place of Business

2a. Mailing Address

4289 NW 63RD PI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

City & State

Zip

Country

Zip

Country

33496

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gail Packman

4289 NW 63RD PI

BOCA RATON FL 33496

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 807.1506, 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 807.0506, Florida Statutes.

SIGNATURE

Gail Packman

President

9/28/98

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Gail Packman	☐ DELETE
NAME	President	
STREET ADDRESS	4289 NW 63rd PI	
CITY - ST - ZIP	Boca Raton FL 33496	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

☐ Change	☐ Addition
300002676899	
-10/30/98--01066--013	
***550.00 ***550.00	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

☐ Change	☐ Addition
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

☐ Change	☐ Addition
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

☐ Change	☐ Addition
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

☐ Change	☐ Addition
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

☐ Change	☐ Addition
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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)(f), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail Packman President 9/28/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #