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

PROFIT CORPORATION ANNUAL REPORT

1999

Corporation Name



DOCUMENT # P97000023006

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90238 036 ***158.75

CE SERVICES, INC.	

DATA U	UTSOURCE SERVICES, INC	•								
Principal Place	e of Rusiness	Mailing Address				<u> </u>				IO EILI IEBI
1910 W BUSCH		1910 W BUSCH BLVD					•			
SUITE B	1 DETU	SUITE B								
TAMPA FL 33612 TAMPA FL 33612					DO NOT WE	ITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed	,			
						03/07/1997				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applie	ed For
21		26				59-3424774			Not A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Add	litional
22		27				5. Certificate of Status Desired	LEI	Fee	Requ	ired
City & State	e ·	City & State				6. Election Campaign Financing	' _□	\$5.	00 ма	ау Ве
23	•	28				Trust Fund Contribution		Add	ed to f	ees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cur	rrent year Ini	tangible		/
24	25	29	30			Personal Property Tax		☐ Yes		No
	9. Name and Address of Current	t Registered Agent		Ĺ,		10. Name and Address of New	Registered	Agent		
				81	Name					
	JLING, KATHY L			82	Chrock Adds	ress (P.O. Box Number is Not Accep		-		
l	W. MLKING BLVD #204			02	Street Addr	1955 (F.O. DOX NUMBER IS NOT Accep	(and)			
TAM	PA FL 33603			83						
	,					-//		, ,		
				84	City	-	FL	85	Zip Co	de
agent. I ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Sta of Florida. Such change was tions of, Section 607.0505, F	tutes, the a s authorized Florida Stati	bove I by t utes.	-named corporation	poration submits this statement for the on's board of directors. I hereby acce	e purpose or opt the appoi	intment a	s regis	tered
agent. I ai	m familiar with, and accept the obligat	t and title if applicable. (NC	TE: Registered	utes.		od when reinstating)	DATE		<u> </u>	
agent. I as SIGNATURE 12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NC	OTE: Registered	Agent			DATE		CTOR	
agent, I all SIGNATURE 12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI	t and title if applicable. (NC	OTE: Registered	Agent		od when reinstating)	DATE	ND DIRE	CTOR	S IN 12
agent. I as SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS ANI D WRIGHT, BRENDOLYN	t and title if applicable. (NC	DTE: Registered 13. 1.1 TT 1.2 NA	Agent TLE	signature required	od when reinstating)	DATE	ND DIRE	CTOR	S IN 12
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC	13. 1.1 TT 1.2 No.	Agent TLE AME	ADDRESS	od when reinstating)	DATE	ND DIRE	CTOR	S IN 12
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612	t and title if applicable. (NC D DIRECTORS	DTE: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT	Agent TLE AME TY-ST-	ADDRESS	od when reinstating)	DATE	ND DIRE ☐ Chai	CTORS	S IN 12 ☐ Addition
Agent. Fail agent.	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612	t and title if applicable. (NC	DTE: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT	Agent TLE AME TY-ST- TLE	ADDRESS	od when reinstating)	DATE	ND DIRE	CTORS	S IN 12
Agent. Fail agent.	Signature, typed or printed name of registered agen OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN	t and title if applicable. (NC D DIRECTORS	TE: Registered 13. 1.1 TT 1.2 No. 1.3 ST 1.4 CT 2.1 TT	Agent TLE AME TREET TLE TLE TLE TLE TLE	ADDRESS	od when reinstating)	DATE	ND DIRE ☐ Chai	CTORS	S IN 12 ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS	TE: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST	Agent TLE AME TY-ST- TLE AME TREET	ADDRESS ADDRESS ADDRESS	od when reinstating)	DATE	ND DIRE ☐ Chai	CTORS	S IN 12 ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN	t and title if applicable. (NC D DIRECTORS DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.2 NJ 2.3 ST 2.4 C	Agent TLE AME TY-ST- TLE AME TY-ST- TLE TY-ST- TTY-ST	ADDRESS ADDRESS ADDRESS	od when reinstating)	DATE	ND DIRE	CTORS	S IN 12 ☐ Addition ☐ Addition
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT	Agent TLE AME TREET TLE TLE TREET TLE TREET TLE TREET TLE TTY-ST	ADDRESS ADDRESS ADDRESS	od when reinstating)	DATE	ND DIRE	CTORS	S IN 12 ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	Agent TLE AME TY-ST- TLE TY-ST- TLE TY-ST- TT- TT- TT- TT- TLE	ADDRESS -ZIP ADDRESS I-ZIP	od when reinstating)	DATE	ND DIRE	CTORS	S IN 12 ☐ Addition ☐ Addition
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	Agent TLE AME TREET TLE AME TREET TTY-ST TLE TTY-ST TLE TREET	ADDRESS - ZIP - ADDRESS T- ZIP - ADDRESS	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE	CTORS	S IN 12 ☐ Addition ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C0	Agent TLE AME REET TLE AME REET TLE AME REET TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE	ADDRESS - ZIP - ADDRESS T- ZIP - ADDRESS	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	cTORs nge	S IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT	Agent TLE AME REET, TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ADDRESS - ZIP - ADDRESS T- ZIP - ADDRESS	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE	cTORs nge	S IN 12 Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 N	Agent TLE AME TREET; TY-ST- TLE AME TREET; TY-ST- TLE TY-ST- TLE AME TY-ST- TLE AME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ZIP -ADDRESS -ZIP	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	cTORs nge	S IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 N	Agent TLE AME TREET; TY-ST- TLE AME TREET; TY-ST- TLE TY-ST- TLE AME TY-ST- TLE AME	ADDRESS - ZIP - ADDRESS T- ZIP - ADDRESS	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	cTORs nge	S IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 4.4 CF 4.1 TT 4. 2 N 4.3 ST 4.4 CF	Agent TILE AME TREET; TY-ST TILE AME TREET; TY-ST TILE AME TREET; TILE AME TREET; TILE TREET; TILE TREET;	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	CTORS	S IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4. 2 N 4.3 ST 4.4 CF 5.1 TT	Agent TILE AME TREET; TY-ST TLE AME TREET; TLE TREET; TLE AME TREET; TLE TREET; TLE TREET; TLE TREET; TLE TREET; TLE TREET; TLE TREET;	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	CTORS	S IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF 3.1 TT 3.2 NA 4.3 ST 4.4 CF 4.1 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA	Agent TLE TLE TY-ST- TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	CTORS	S IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 4.3 ST 4.4 CT 4.1 TT 4.2 NA 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST	Agent TLE TLE TY-ST- TLE TREET TY-ST- TLE TREET TREET TREET TREET TREET TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	CTORS	S IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE DELETE DELETE	21 TT 22 NV 23 ST 3.4 CC 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC 5.4 CC 5.5 ST 5.5 ST 5.5 CC 5.5 ST 5.5 ST 5.5 CC 5.5 ST	Agont TLE AME TREET, TLE TY-ST TLE AME TREET, TLE TY-ST TLE AME TREET, TLE AME TREET, TLE AME TREET, TLE TY-ST TLE TY-ST TLE TREET, TLE TY-ST TLE TY-ST TLE TY-ST TY-ST TY-ST TY-ST TY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	CTORS	S IN 12 Addition Addition Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 4.3 ST 4.4 CT 4.1 TT 4.2 NA 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT 6.1 TT	Agont TLE AME TREET TLE AME TREET TLE TREET TLE AME TREET TLE TREET TLE TY-ST TLE AME TY-ST TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	CTORS	S IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CC 6.1 TT 6.2 NA	Agont TLE AME TREET TY-ST TLE AME TREET TT-ST TLE AME TREET TY-ST TLE AME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	CTORS	S IN 12 Addition Addition Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI D WRIGHT, BRENDOLYN 1910 W BUSCH BLVD STE B TAMPA FL 33612 D WRIGHT, MELVIN 1910 W BUSCH BLVD STE B	t and title if applicable. (NC D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CC 6.1 TT 6.2 NA	Agont TLE AME TREET TY-ST TLE AME TREET TT-ST TLE AME TREET TY-ST TLE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	od when reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRE Chai	CTORS	S IN 12 Addition Addition Addition Addition Addition

CITY-ST-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 suppliemental 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: