## FILED Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90105 021 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # DO



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	SERVICES, INC.	JU41091					
Principal Place	e of Business	Mailing Address			- I (MB) (M (M)) (M M) (M) (M)	#1841 (###) (#I	INSIL SORT INDI
212 85TH STREET 212 85TH STREET					•		
HOLMES BEACH FL 34217 HOLMES BEACH FL 34217					DO NOT WIDITE IN THE	C CDACE	
					DO NOT WRITE IN THIS  3. Date incorporated or Qualifed	3 SPACE	
					05/27/1997		
2 Principal P	face of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0785100	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	Additional
22		27			5. Certificate of Status Desired	Fee Re	quired.
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	ntangible Yes	□No
24	25	11	30		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curre	ent Registered Agent	81	Name	TO. Hame and Address of New Yorkstone	- Agoin	
FUS	CO, RAYMOND A					****	
212 85TH STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
HOL	MES BEACH FL 34217		83				
					·	100 250	2-4-
			84	City	FI	85 Zip C	Jode
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, Flori	ida Statutes. Registered Agent				
12.	,	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1,1 TITLE		•	Change	☐ Addition
NAME	FUSCO, RAYMOND A		1.2 NAME				
STREET ADDRESS	212 85TH STREET		1.3 STREET A				Ì
CITY-ST-ZIP	HOLMES BEACH FL 34217	☐ DELETE	1.4 CITY-ST-	ZIP		☐ Change	Addition
TITLE		. DELETE	2.1 TITLE		•	- Criange	
NAME			2.2 NAME 2.3 STREET A	1000500			
STREET ADDRESS							
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-ST- 3.1 TITLE	·ZIP		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A	ADDRESS			Į
CITY-ST-ZIP			3.4. CITY-ST	i	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4.2 NAME				Ì
STREET ADDRESS			4.3 STREET A	ADDRESS		*	
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET A				
CITY-ST-ZIP		- Clariere	5.4 CITY-ST- 6.1 TITLE	ZIP		[1] Change	Addition
TITLE		☐ OELETE	6.2 NAME				☐ Addition
NAME				UNDESS			
STREET ADDRESS			6.3 STREET A	NUMESS			

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.

6.4 CITY-ST-ZIP