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Secretary of State

03-05-1999 90006 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000057096

1. Corporation Name
FLORIDA INSTITUTIONAL PRODUCT SERVICES, INC.



Principal Place of Business: 3607 BAYSHORE CIRCLE TAVARES FL 32778
 Mailing Address: POST OFFICE BOX 461 BOYTON BEACH FL 33425-0461

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 06/30/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 59-3454421 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired | |
| | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PSTD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MORALES, JOSE M JR | 1.2 NAME | KAREN ALMERARIS |
| STREET ADDRESS | 3607 BAYSHORE CIRCLE | 1.3 STREET ADDRESS | 600 N Ocean Blvd. |
| CITY-ST-ZIP | TAVARES FL 32778 | 1.4 CITY-ST-ZIP | Ocean Ridge FL 33435 |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOE ALMERARIS | 2.2 NAME | |
| STREET ADDRESS | 600 N Ocean Blvd. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Ocean Ridge, FL 33435 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 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.

SIGNATURE: Joe Almeraris 1-899-561-966-2080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)