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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	P97000063456
SERVITUR, INC.	

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90050 010 \*\*\*150.00



FI							
Principal Place	e of Business	M	ailing Address				
6509 CONROY ROAD STE 110 6509 CONROY ROAD STE 110 ORLANDO FL 32835 ORLANDO FL 32835		0			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed
							07/16/1997
2. Principal P.	lace of Business	2a	. Mailing Address				4. FEI Number Applied For
21		26	·				-59-2180203 59 - 3460456 Not Applicable
Suite, Apt.	#, etc.	1-21	Suite, Apt. #, etc.				S8 75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & State	9	~ -	City & State		_		6. Election Campaign Financing S5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	_ Country	у		8. This corporation owes the current year Intangible
24	25	29	30	0			Personal Property Tax. Yes □No
	9. Name and Address of Curren	t Regis	stered Agent			<del></del>	10. Name and Address of New Registered Agent
OUA	014 51140			81	I N	ame	
	DIA, ELIAS			82	2 S1	treet Addres	ss (P.O. Box Number is Not Acceptable)
	CONROY ROAD STE 110				_		
UHL	ANDO FL 32835			83	3		
				84	Ci	ity	85 Zip Code
					_		FL   The state of
11. Pursuant	to the provisions of Sections 607.0502	2 and 6	607.1508, Florida Statutes, da. Such change was auth	the abov orized by	/e-na / the	med corpor corporation	ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	tions of	, Section 607.0505, Florid	a Statutes	5.		, , , , , ,
SIGNATURE							when reinstalted) DATE
	Signature, typed or printed name of registered agen			egistered Age	ent sign	nature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ט טואנ	DELETE	1.1 TITLE			Change Addition
TITLE	D OVADIA FILAC		- DETERM	1.2 NAME			_ , _
NAME	OVADIA, ELIAS	,		1.3 STREE	T 400	DECC	
STREET ADDRESS	6509 CONROY ROAD STE 110	1				1	
CITY-ST-ZIP	ORLANDO FL 32835		☐ DELETE	1.4 CITY-S 2.1 TITLE	51-4IP		☐ Change ☐ Addition
TITLE				2.2 NAME			
NAME				2.3 STREE	T ADD	DRESS	
STREET ADDRESS				2.4 CITY-			
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TITLE	31-21	<u> </u>	☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3 3 STREE	T ADD	RESS	
				3.4. CITY-			
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE	T ADD	RESS	
CITY-ST-ZIP				4.4 CITY- S			
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE	T ADD	ORESS	
CITY-ST-ZIP				5.4 CITY- S	ST-ZIP	,	
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREE	T ADO	ORESS	
						. 1	

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.