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

CITY-ST-ZIP

FILED May 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000069007 The state of the s SERBNOGTI SERVICES, INC. Principal Place of Business Mailing Address 105 WINDY CIRCLE 105 WINDY CIRCLE BRANDON FL BRANDON, F DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/01 2a. Mailing Address Applied For 2. Principal Place of Business 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALISON M. KING Name 105 WINDY CIRCLE BRANDON, PR 33511 Street Address (P.O. Box Number is Not Acceptable) 62 83 84 City Zip Code 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 vity and accept the obligations of, Section 607.0505, Florida Statutes. 30 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/OH/NGES TO OFFICERS AND OHE OFFICER IN 12 13. DELETE Addition TITLE 1.1 TITLE Change NAME 1.2 NAME m. KING STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. 017 Y-\$1-Zir Addition DELETE Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- 7IP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 6.1 TITLE 0000002532 NAME 6.2 NAME -05/22/98--01002--012 STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP hereby certify that the information supplied with this filling does not qualify 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 chapter (d) or on an attaggreent with microclassical statutes.

***150.00

(813) (85-0022