Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90222 016 ***150.00

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#

 Corporation 	CONTROL SERVICES, INCO									
Principal Place	of Business	М	Tailing Address				- I (BBI!!BB! 118 (BI!) (BBI! BBI!! BBI!! BB!!! BB!!!		0)(1 \$0011 1001 1001	
351 8TH AVENUE S.E. HANGAR 3 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701							DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed 09/01/1997	<u> </u>	·	
Principal Place of Business 2a. Mailing Address					_		4. FEI Number		Applied For	
21			26				59-3460979		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
22			27							
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip					untry 8. This corporation owes the current year Intangible					
21p	25 29 30				,		Personal Property Tax.	Yes	□No	
:4	9. Name and Address of Curren			-			10. Name and Address of New Registered	Agent		
	5. Haire and Address of Carrell	r regi	<u> </u>	81	T	Name				
FRE	NCH, DAN				1		(D.C. D. M. Lands Mad. Assessments)			
351 8TH AVENUE S.E. HANGAR 3				82	1	Street Addre	ess (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33701				83	1		4 54 E			
					†	City	FI	85 Z	ip Code	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered agen	tions of	t, Section 607.0505, Flori	da Statutes	S.	signature required				
12.	OFFICERS AN	ID DIRI	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	P		☐ DELETE	1.1 TITLE				Chang	ge 🗌 Addition	
NAME	FRENCH, DAN			1.2 NAME					Ì	
STREET ADDRESS				1.3 STREE	T A	ADDRESS			Ì	
CITY-ST-ZIP	ST. PETERSBURG FL 33731		1.4 CITY-5	ST-	-ZIP					
TITLE			☐ DELETE	2.1 TITLE				☐ Chang	ge 🔲 Addition	
NAME				2.2 NAME					f	
STREET ADDRESS				2.3 STREE	:T #	ADDRESS	المراجعين الأرابي في المحالات المراجعين المحالات			
CITY-ST-ZIP				2 4 CITY-	ŞT.	-ZIP				
TITLE			☐ DELETE	3.1 TITLE				Chang	ge	
NAME				32 NAME						
STREET ADDRESS				3.3 STREE	TA	ADDRESS				
CITY-ST-ZIP				3.4. CITY-	ST.	- ZIP				
TITLE			☐ DELETE	4.1 TITLE				Chang	ge 🗀 Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	T	ADDRESS			}	
CITY-ST-ZIP				4.4 CITY-5	ST-	-ZIP	<u> </u>			
TITLE			☐ DELETE	5.1 TITLE				☐ Chan	ge 🗌 Addition	
NAME				52 NAME			,			
STREET ADDRESS						ADDRESS			ļ	
CITY-ST-ZIP				5.4 CITY-5	ST-	-ZIP		П C	nn Madalities	
TITLE	1		□ DELETE	6.1 TITLE				☐ Chang	ge 🔲 Addition 🛭	

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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS