Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90017 042 ***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 # P97000084707

1. Corporation Name					
SERVICODE AMERICA INC.					
02				1 (00) (00) (00) (00) (00) (00) (00) (00) (#11) B161(1862) AD)((1862 (B8)
!					/
Principal Place of Business Mailing Address				גוסם נוופס אויפס וונסס ונספו נוופו סוג ומפגווסטו ו	AN TANKA BABAH KABAH KABAH KABAH KABAH
1721 CROSSVINE CT 1721 CROSSVINE CT				(
NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 3465			5	ļ	
us				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	7
				10/01/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3472727	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Eee Required
City & State	ė	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25		80[Personal Property Tax.	Yes No
 	9. Name and Address of Current	10. Name and Address of New Registered	Agent		
TELLO, GUILLERMO A				5 LLO GUI HERMO A.	
1	B BAY HARBOR DRIVE #301		82 Street Add	iless (F.O. DOX Nullilogi is Not Acceptable)	
	M HARBOR FL 34685		83 17 2	1 Chassine CT	
FALM HANDON FL 34003					
			84 City		85 Zip Code
New				PORT Richey FL	- 3×655
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.	ion's board of offectors, Thereby accept the appo	milinent as registered
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D CONTRACTOR	☐ DELETE		- D	Change
NAME	TELLO, GUILLERMO		1.2 NAME	ELLO GUILLERMO A	
STREET ADDRESS			1.3 STREET ADDRESS	721 crossvine CT.	
CITY-ST-ZIP	PALM HARBOR FL 34685		1,4 CITY-ST-ZIP		34655
TITLE	D	☐ DELETE		- D	Change Addition
NAME	TELLO, CONSTANZA M		2.2 NAME	ICE PRESIDENT) TELLO	CONSTANTAM
STREET ADDRESS 1436 BAY HARBOR DRIVE #301			2.3 STREET ADDRESS	771 Crossvine CT.	.
CITY-ST-ZIP	PALM HARBOR FL 34685		2.4 CITY-ST-ZIP	IEW PORT RICHEY FL	14655
INTE		☐ DELETE	3.1 TITLE	ر سرد سیار ممیاری به ۱۰۰۰ در سیاست	☐ Change ☐ Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		· }
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	`	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		Í
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/99

727 372 7406

Daytime Phone #