PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000089446**1. Corporation Name

ARS SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Busines	s
4366 SYLVIA LANE LAKE WORTH FL 33463	

Mailing Address

4366 SYLVIA LANE LAKE WORTH FL 33463

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90086 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/16/1997

					10/10/1001				
2. Principal P	at Place of Business 2a. Mailing Address			-	4. FEI Number	Ap	plied For		
:1	26				65-0789552		Not Applicable		
	e, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional		
12	27				5. Certificate of Status Desired	Fee Re	equired		
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be		
3	-	28			Trust Fund Contribution		to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible				
4	25 29 30				Personal Property Tax.	Yes	□No		
	9. Name and Address of Currer				10. Name and Address of New Register	red Agent			
	o. Hatte and Addition of Gallet	it regions.	81	Name					
KFN	KENNEDY, SANDRA M								
4366 SYLVIA LANE LAKE WORTH FL 33463				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
LAN	E WOMEN FE 33403		63						
			84	City		85 Zip	Code		
				•	•	FL `			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above	e-named corp	oration submits this statement for the purposon's board of directors. I hereby accept the ap	e of changing its	registered		
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was autorising of, Section 607,0505, Florid	ia Statutes	ine corporation.	on's board of directors. Thereby accept the a	oponiunon as re	gistered		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: F	legistered Agen	t signature require	d when reinstating) DATE	<u> </u>			
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	ORS IN 12		
TITLE	DPS	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition		
NAME	KENNEDY, SANDRA M		1.2 NAME						
STREET ADDRESS			1,3 STREET	ADDRESS					
	LAKE WORTH FL 33463		1.4 CITY-S				i		
CITY-ST-ZIP TITLE	LAKE WORTH PL 33403	☐ DELETE	2.1 TITLE	1-21-		Change	Addition		
!			2.2 NAME				_ }		
NAME							\		
STREET ADORESS			2.3 STREET		-				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		Change	☐ Addition		
TITLE		☐ DELETE	3.1 TITLE				Addidon		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			34. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS	•				
C/TY-ST-ZIP			4.4 CITY-S	T-ZIP		_			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS	•				
			5.4 CITY-S	į					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition		
TITLE	i i	_ Detaile	6.2 NAME						
NAME			6.3 STREET	r annoncee					
STREET ADDRESS									
CITY-ST-ZIP			6.4 CITY-S			76 4			
14. I hereby	certify that the information supplied w	ith this filing does not qualify for t	he exempt	on stated in S	Section 119.07(3)(i), Florida Statutes. I furthe e shall have the same legal effect as if made	r certify that the	intormation		

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made driver out, that I am a 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 an attachment with an address, with all other like empowered.

SIGNATURE: