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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000094593 (5) DOCUMENT #

STAFLOR SERVICES INC.

FILED

Mar 03 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address							••••	
			9345 AZALEA RIDGE WAY GOTHA FL 34734					
	•••	·	OTTE 1 C 04704			DO NOT WRITE IN TH	IS SPACE	
j						3. Date Incorporated or Qualified		$\overline{}$
i						11/03/1997		ŀ
<u> </u>	Place of Business	2a.	Mailing Address			4. FEI Number	Applied	For
21		26				36-3878102	Not App	olicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State		27	City & State				Fee Require	
23		00	28			6. Election Campaign Financing	\$5.00 May	
Zip			Zip Country			Trust Fund Contribution	Added to Fee	
24	25	29		30	unity	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangib Yes No	le
	9. Name and Address of Curre		tered Agent	1301	T	10. Name and Address of New Registers		
FL	ORES, DANUTA				81 Name			
9345 AZALEA RIDGE WAY					00 00	(0.0.0)		
GOTHA FL 34734					82 Street Add	lress (P.O. Box Number is Not Acceptable)]
					83			
1					B4 City	F	85 Zip Code	[
11. Pursuant	to the provisions of Sections 607.050	02 and 60	7.1508, Florida Stat	tutes, the a	bove-named corp	poration submits this statement for the purpose	of changing its regi	stered
office or r	registered agent, or both, in the State im familiar with, and accept the oblid	of Florid	la. Such change wa Section 607 0505	s authorize Florida Sta	d by the corpora	tion's board of directors. I hereby accept the a	ppointment as regist	ered
SIGNATURE	and the transfer the configuration of the configura	juliona oi,	. 00011011 007.0000,	i ionda ota	idios.			
SIGNATURE	Signature, typed or printed name of registered ag-	ont and title i	f applicable (N	OTE Registere	d Agent signature requi	ired when reinstating) DATE		,
12.	OFFICERS AN	ID DIREC		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 1	12
TITLE	P		☐ DELET E	1.1 T	TLE		Change	Addition
NAME	FLORES, DANUTA			1.2 N	ame			
STREET ADDRESS	9345 AZALEA RIDGE WAY			1.3 S	TREET ADDRESS			li li
CITY-ST-ZIP	GOTHA FL 34734			1.4 0	ITY-ST-ZIP			18
TITLE	OTAGEC DIANE		DELETE	2.1 T	TLE		Change /	Addition C
NAME	STASZEL, DIANE			2.2 N	AME			
STREET ADDRESS	683 BIRCHWOOD DRIVE			2.3 \$	ireet address			
CITY-ST-ZIP	BOLINGBROOK IL 60490				ITY-ST-ZIP			
TITLE	S SECONO		☐ DELETE	3.1 31	TL€		Change A	Addition
NAME	PLORES, SERGIO			3.2 N	AME			
STREET ADDRESS	9345 AZALEA RIDGE WAY			3.3 S	REET ADDRESS			ł
CITY-ST-ZIP	GOTHA FL 34734				ITY-ST-ZIP			
TITLE	TACTEL IOUN		☐ DELETE	4.1 Th			☐ Change ☐ A	Addition
NAME	STASZEL, JOHN 683 BIRCHWOOD DRIVE			4. 2 N				
STREET ADDRESS	BOLINGBROOK IL 60490			4.3 S1	REET ADDRESS			1
CITY-ST-ZIP	BOLINGBROOK IL 60490		D No. since		TY-ST-ZIP			
TITLE			☐ DELETE	5.1 (1	i i		Change A	Addition
NAME				5.2 N/	i	•		
STREET ADDRESS				5.3 ST	REET ADDRESS			Ī
CITY-ST-ZIP			ner für		TY-ST-ZIP	- <u> </u>		
TITLE			DELETE	6.1 Tr			Change A	Addition
NAME				6.2 NA	IME			İ
STREET ADDRESS				6.3 ST	REET ADDRESS			
CITY-ST-ZIP				6.4 CI	TY-ST-ZIP			

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.