NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** RPORATION ANNUAL REPORT 1998

Principal Place of Business



Mailing Address

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000102720 (4) DOCUMENT # 1. Corporation Name

TRADER SERVICES CO., INC.

Suite, Apt. #, etc. City & State City & State City & State Country Zip Country State State State Country State St							
2. Principal Piace of Business 2. Mailing Address 3. 4. FEI Number Survey 2. Solite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Self Number Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Self Number Suite, Apt. #, etc. S						DO NOT WRITE IN THIS SPACE	
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Trust Fund Contribution Added to Fees Zip	Suite, Apt. #, etc) .		- 		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
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KATES, KEVIN 324 S.E. 10TH COURT DEERFIELD BEACH FL 33441 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.056 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agont, or both, in the Stod of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar bit, and accept the object of the provisions of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or previod name of Landace agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME TITLE Change Add Add Add Add Add Add Add Add Add Ad		Country	Zip	Countr	у	8. This corporation owes or has paid the	e current year Intangible
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3.4. CITY - ST - ZIP

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CITY-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 furthe certify that the informatio indicated on this annual report or supplemental annual report is true and poor 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 certify that the information indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an apachment with an address.

CIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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TITLE

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Change

Addition

Addition

Addition

FILED

Mar 03 1998 8:00am

Secretary of State