	NOW: FILING FI PROFIT RPORATION JAL REPORT 1999			MENT OF STATE e Harris of State	FILE Mar 29, 1999 Secretary 0 03-29-1999 90095 01	9 8:00 am of State	
1. Corporation	MENT # <b>P97(</b> Name FEDERAL SERVICES,	DOO10632	24				
Principal Place	e of Business	Mailing A					
51 SE 8TH ST Guite 600 Delray Beach		SUITE 600	ih street ) Jeach Fl 33483		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/18/1997		
2. Principal Pl	lace of Business	2a. Mailin	g Address		4. FEl Number	Applied For	
ī		26			06-1505211	Not Applicable	
Suite, Apt.	#, etC.	27 Suite,	, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required	
City & Stat		City.8	State			\$5.00 May Be Added to Fees	
Zip	Country	Zip	5	Country	<ol> <li>This corporation owes the current year Int Personal Property Tax.</li> </ol>	tangible □Yes □No	
<u> </u>	9. Name and Address of	1			10. Name and Address of New Registered	Agent	
	RAY BEACH FL 33483			84 City		85 Zip Code	
- 600 05 5	egistered agent, or both, in the familiar with, and accept the familiar with and accept the familiar with and accept the familiar with a second s	e State of Florida. Such e obligations of, Section	ch change was aut on 607.0505, Florid	norized by the corpo la Statutes.	Corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	changing its registered	
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red Agent signature re	quired when reinstating)	DATE
3.		OFFICERS AND DIRECTORS IN 12
ITTLE	P	Change Addition
2 NAME	HICHAEL READ	271578-96095-11
3 STREET ADDRESS	SSI SE 8th STREET	P97000106324
A CITY-ST-ZIP	DELPAY BEACH, FL	
1 TITLE	5	Change 🔀 Addition
2 NAME	MARC J ODROBINA	
3 STREET ADDRESS	GSI SE BTH STREET	
, 4 CITY-ST-ZIP	DELRAY BEARH, FL	
1 TILE		Change Addition
2 NAME		
3 STREET ADDRESS		
A. CITY-ST-ZIP		
.1 TITLE		Change Addition
. 2 NAME		
3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
IT TITLE		Change Addition
2 NAME		
1.3 STREET ADDRESS		
SACITY-ST-ZIP		
1.1 TILE		Change Addition
32 NAME		
8.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		
and that my sig ite this report as er like empower IRED	nature shall have the same legal and required by Chapter 607, Florida St	tutes. I further certify that the information ct as if made under oath; that I am an atutes; and that my name appears in Deytime Phone #
DIRECTOR		
TAA930 AGIA		<b>PROFIT</b>
SI TSI 1		FILE NOW: FIL
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