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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000108848**1. Corporation Name

WANTED SERVICES INC

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90033 022 ***150.00

AATMMO	O SENVICES, INC.										
Principal Place	e of Business	Mailing Ad	Idress				7	1 10012000 FIN 1011) 10011 0011 0011	451 0058 1 2 0 11		01961 JBIJ (199)
301 PROMENAL HEATHROW FL	DE CIRCLE	ū	NADE CIRCLE								
	· - · · -							DO NOT WR		SPACE	
		٠				-	3.	Date Incorporated or Qualifed 12/30/1997			
2. Principal P	lace of Business	2a. Mailing	Address				4.	FEI Number		Ap	plied For
21	•	26						<u>59-3483501</u>			t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5.	Certificate of Status Desired		\$8.75	
22		27					<u> </u>			Fee Re	'
City & Stat	te	City &	State				6.	Election Campaign Financing		\$5.00	-
23		28		Cou	unter /		+_	Trust Fund Contribution		Added	o Fees
Zip	Country	Zip			untry		8.	This corporation owes the cur	rent year int	angible Yes	□No
24	9. Name and Address of Curr	29	gent	30	Τ		10	Personal Property Tax. Name and Address of New	Registered		
	9. Name and Address of Curr	ent Registered A	yem '		81 1	Name	10.	THE REAL PROPERTY OF THE W			
ViCII	NI, WYNNE							1471			
	PROMENADE CIRCLE				82	Street Addre	ess (P	P.O. Box Number is Not Accept	able)		
	THROW FL 32746				83				1. 1.	n e e	
									416.1 T		- <u>- </u>
,	,				84 (City			FI	85 Zip	Code '
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida, Such	i change was a	authorized	d by the	named corpo ne corporation	oration on's bo	n submits this statement for the pard of directors. I hereby acce	purpose of opt the appoi	changing its ntment as re	registered gistered
11. Pursuant	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such gations of, Section	change was a 607.0505, Flo	authorized orida Stat	d by the tutes.	e corporation	on's bo	n submits this statement for the pard of directors. I hereby acce einstating) ADDITIONS/CHANGES TO OF	DATE	ntment as re	gistered
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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.

SIGNATURE:

IXTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/99

407-829-3306

Daytime Phone #

R2E034 (11/98)