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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000011007

1. Corporation Name

NAVIGATOR SERVICES, INC.

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90034 027 \*\*\*150.00

		_							
Principal Place	e of Business	Mailing Address			1100				
560 PIGEON PLUM LANE		560 PIGEON PLUM LANE							
MIAMI FL 3313	7	MIAMI FL 33137	MIAMI FL 33137			DO NOT WRITE IN THIS SPACE			
	<b>v</b>		-		3. Date Inco	proporated or Qualifed			
•	•				02/02/	· •			
2. Principal P	lace of Business	2a. Mailing Address		<del></del>	4. FEI Numi	ber		Арр	olied For
21		26			65-	080947	3	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	<b>&gt;</b> .			of Status Desired		\$8.75 A	dditional
22		27			5. Certificate	or Status Desireu		Fee Red	quired
City & Stat	e .	City & State		-	6Election.	Campaign Financing		\$5.00 1	
23		28			Trust Fur	nd Contribution		Added to	Fees
Zip	Country	Zip		intry		oration owes the curre			
24	25	29	30		·· <del>- ·- · · · · · · · · · · · · · · · · </del>	Property Tax.		<del>-</del>	□No
	9. Name and Address of Current	Registered Agent	•	81 Name		nd Address of New Re	egistereu Ay	jent .	
HOI	SING, ROGER			oi ivanie					
	PIGEON PLUM LANE			82 Stree	Address (P.O. Box N	lumber is Not Acceptat	ole)		
	MI FL 33137			83					
INIV	#II F E 3010/			83					
				84 City			E	85 Zip C	ode
44 D	to the provisions of Sections 607.0502	and 607 1500 Florida S	Statutes the a	bove-name	Learnaration submits	this statement for the n	urnose of ch	anging its r	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change v	was authorized	by the con	poration's board of dire	ectors. I hereby accept	the appoints	nent as reg	istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.050	5, Florida Stat	utes.					
SIGNATURE	Claushing hand or printed name of registered 2000	and title if anolicable	(NOTE: Registered	Agent signature	required when reinstating)		DATE		— Ì.
	Signature, typed or printed name of registered agent		(NOTE: Registered	d Agent signature	required when reinstating) ADDITION	IS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	RS IN 12
12.	OFFICERS AND	D DIRECTORS	13.			IS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
12.	OFFICERS AND	D DIRECTORS	13.	TLE		IS/CHANGES TO OFF	ICERS AND		
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12. / TITLE NAME STREET ADDRESS	OFFICERS ANI	D DIRECTORS	13. TE 1.1 TI 1.2 N 1.3 S	TLE AME	ADDITION	IS/CHANGES TO OFF	ICERS AND		
12. TITLE NAME	OFFICERS AND PRESIDENT + DIRECT ROGER HOLSING S60 PIGEON PLUM	DDIRECTORS  TO/L DELE	13. TE 1.1 TI 1.2 No 1.3 S'	TLE AME TREET ADDRESS TY-ST-ZIP	ADDITION	IS/CHANGES TO OFF	ICERS AND		
12. TITLE NAME STREET ADDRESS CITY-SY-ZIP	OFFICERS AND PRESIDENT + DIRECT ROGER HOLSING S60 PIGEON PLUM	DDIRECTORS  CTO/L DELE  CANE  33/37	13. TE 1.1 TI 1.2 No 1.3 S'	TLE AME TREET ADDRESS TY-ST-ZIP TLE	ADDITION	IS/CHANGES TO OFF	ICERS AND	☐ Change	Addition
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6.4 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 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:

5760607