## **PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

98000028439

## FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90004 017 \*\*\*150.00

SERVICE	E SOLUTIONS, INC.								
Principal Plac	e of Business	Mailing Address				- I IMPLIADI (IM ININI IMILI ERIS) adı	ri amili Affira ii	1921 (9(1) AIAS	8 14118 aff4 (1 ma
1340 PALMETTI		1340 PALMETTO AVE.							
WINTER PARK		WINTER PARK FL 32789					~ 151 ~ 100 1	22125	
						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						03/27/1998			
2. Principal P	Place of Business	2a. Mailing Address		•		4. FEI Number	, -1		opiled For
21		26				59-35009	6/		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
22									
City & Stat	te	City & State		,	********	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Ľ_ Zìp	_	untry		8. This corporation owes the curre			
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		<del> </del>		10. Name and Address of New R	egisterea A	Agent	
				81	Name				
RAX		CLUTED		82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
	i. Laura St., 3300 Barnett Ci	ENIEK		Ш					
JACI	KSONVILLE FL			83					
				84	City			85 Zip	Code
				04	•		FL	1 .	
				1 !					d
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	rtes, the a	above-r	named corp	oration submits this statement for the	purpose of c	changing its	registered
Office of f	to the provisions of Sections 607.050 registered agent, or both, in the State	OI FIORGA. SUCH CHANGE WAS	900 IO IC IZ B	u uy u	named corporation	poration submits this statement for the on's board of directors. I hereby accept	purpose of c t the appoin	thanging its	gistered
agent, I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	OI FIORGA. SUCH CHANGE WAS	900 IO IC IZ B	u uy u	named corp ne corporatio	oration submits this statement for the on's board of directors, I hereby accept	purpose of o t the appoin	changing its itment as re	gistered
Office of f	registered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.0505, Fi	orida Stat	tutes.	e con frontago	or a board of directors. Horsely accept	purpose of on the appoint	thanging its	registered
office of f agent, I a SIGNATURE	registered agent, or boin, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered age	of Plorida. Such change was atlons of, Section 607.0505, Fi	orida Stat	tutes.	e con frontago	d when rematating)	DATE		ORS IN 12
SIGNATURE	registered agent, or boun, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, Fi	orida Stat	d Agent s	e con frontago	or a board of directors. Horsely accept	DATE		
SIGNATURE  12.	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, Fi mit and title if applicable. (NO)	E: Registered	d Ageni *	e con frontago	d when rematating)	DATE	DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME	registered agent, or boar, in the state im familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN D FINKEL, TED A S	ations of, Section 607.0505, Fi mit and title if applicable. (NO)	E: Registero 13.	d Agent :	ignature required	d when rematating)	DATE	DIRECTO	ORS IN 12
office of agent, I a SIGNATURE  12.  TITLE NAME STREET ADDRESS	Signature, typed or proted name of registered age  OFFICERS AN  D FINKEL, TED A S  1340 PALMETTO AVE.	ations of, Section 607.0505, Fi mit and title if applicable. (NO)	E: Registered 13.	d Agera : TILE	Elgnature required	d when rematating)	DATE	DIRECTO	ORS IN 12
office of agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or proted name of registand age  OFFICERS AN  D  FINKEL, TED A S  1340 PALMETTO AVE.  WINTER PARK FL 32789	or Florida. Such change was allons of Section 607.0505, Fi	E: Registered 13. 1.1 T 12 N 1.3 S 1.4 G	d Agent s TILE HAME STREET AGENTY-ST-1	Elgnature required	d when rematating)	DATE	DIRECTO	ORS IN 12
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description

Date

Description

D