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

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90010 050 ***150.00

DOCUMENT #	ŧ	P98000034264
Corporation Name		. 000000 IEO

SPRING	SERVICES CORP.				
Principal Place	of Business	Mailing Address		- I 1981/2001 / 10 10101 / 01/11 00/11 00/11 00/11 00/11	.80 \$1 \$ QJQ\$Q \$10 B 1 1 QJQ +ed1
7667 WEST SAN		7667 WEST SAMPLE ROAD			
STE 237		STE 237			
CORAL SPRING	S FL 33065	CORAL SPRINGS FL 33065		DO NOT WRITE IN TH	IS SPACE
				 Date Incorporated or Qualifed 04/15/1998 	·
2 Principal Pl	ace of Business	2a. Mailing Address		4 FFI Number	Applied For
21		26		65-0828197	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible ☐ es ☐ No
24	25	29 30		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
AME	DII AMVED			Stanley Solon	
AMERILAWYER 343 ALMERIA AVENUE 82 Stre			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	AL GABLES FL 33134		83	14d Wi Sumple Ro	<u> </u>
CON	AL GABLES I E 33134		83		
			84 City COF	a Springs F	L 85 Zip Code 5
11 Pursuant	to the provisions of Sections 607 0502	and 60Z.1508. Florida Statutes.	the above-named corp	poration submits this statement for the purpose	of changing its registered
office or re	edistered ageon or both, in the State o	of Florida/Such change was auth	iorized by the corporation	on's board of directors. I hereby accept the app	oointment as registered
agent. i ai	m familiar with and accept the obligat	ons of Section 507.0305, Florida	a Statutes.	2 h	7 l99
SIGNATURE	Signature, typed or philips name of registered agent	t and title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	SOLON, STANLEY		1.2 NAME		
STREET ADDRESS	7667 W SAMPLE RD, STE 237		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DÉLETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TELESCA, DANIEL W		2.2 NAME		
STREET ADDRESS	7667 W SAMPLE RD, STE 237		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition

6.4 CITY-ST-ZIP 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Change

☐ Change

Addition

☐ Addition