**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90064 028 \*\*\*150.00

## Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

i. Corporation	MENT # P98000 AYROLL SERVICES OF FL.					
Principal Place	of Business	Mailing Address			'I I <b>PB</b> ar <b>Amam</b> Escil	LITTER HEAT STATE
771 ANDERSON		771 ANDERSON DR.				
NAPLES FL 341		NAPLES FL 34103			·	
				DO NOT WRITE IN TH	S SPACE	
Į {	•			3. Date Incorporated or Qualifed		
		D. Barton Address		08/10/1998		oplied For
	lace of Business	2a. Mailing Address		4. FEI Jumber 3/274/6		ot Applicable
21     26         Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5, 500, 1, 5		Additional	
22	#, <del>6</del> th	27		5. Certifcate of Status Desired	•	equired
City.& State	3	City & State		6. Election Campaign Financing	\$5.00	:May Be_
23		28		Trust Fund Contribution		to Fees
ZIp	Country	Zip	Country .	8. This corporation owes the current year I		_
24	25	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent	<del> </del>
2171 Pari	RE, MICHAEL G : PINE RIDGE ROAD, STE. D RISH & MOORE, P.A. LES FL 34109		83 83	Address (P.O. Box Number is Not Acceptable)  Amorrisa Prive  F	-	Code
11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, jurity State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the abilipations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature Typed or printed number registered opent and title I' sopticable. (NOTE: Registered Agent signature regulated when reinstating)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIDE  OCHANGES TO OFFICERS AND DIRECTORS IN 12.						
12.		ND DIRECTORS  MOELETE	13.		Change	Addition
TIPLE	D DODAN ARONAEL I	MOCLETE	1.7 Mile 12 NAME	Michele GAMBLIN	771 01-130	<b>X</b>
NAME	BODAH, MICHAEL J		1.3 STREET ADDRESS	771 ANDERSON Prive		
STREET ADDRESS	771 ANDERSON DR.		1.3 STREET ADDRESS	Maples PC 34103		
CITY-ST-ZIP	NAPLES FL 34103	☐ DELETE	2.1 TITLE		Change	Addition
TITLE	D .		2.2 NAME			
NAME STREET ADDRESS	KUETER, BEVERLY T 147 CORAL VINE WAY		2.3 STREET ADDRESS	·		~
1 1	NAPLES FL 34110	•	2.4 CITY-ST-ZIP	•		
CITY-ST-ZIP	NAPLES PE STITO	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			·
CITY-ST-ZIP			3.4, CITY-ST-ZIP			
TILE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	•		4.2 NAME			
STREET ADDRESS	-		43 STREET ADDRESS	,		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	· · · · · · _ · _ · _ · _ · _ · _ · _ · _ · · _ · · _ · · _ ·		
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	Service Surviva	☐ DELETE	6.1 TITLE	· <del></del>	☐ Change	Addition
NAME 11	(4年第4章)		6.2 NAME			
STREET ADDRESS	AN 14 M 15 15 15 15 15 15 15 15 15 15 15 15 15		6.3 STREET ADDRESS			

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 gianged, or on an attachment with an address, with all other like empowered.