PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTM

Katherine Secretary of St

DIVISION OF CORPOR IONS

STATE

DOCUMENT # P98000071898

BALPHY'S SERVICES INC

FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90079 040 ***150.00

Principal Place	e of Business	· M	ailing Address	*			T (BENKER) WA FRITH ICHN ERRY ORIH ROWN OPH RABED TITAL HAND CHINI JAH CON
1199 FOXCROF WIRAMAR FL 33	T RD., APT. 106 3025		99 FOXCROFT RD., A RAMAR FL 33025	PT. 1 0 6			DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualified 08/14/1998
2. Principal P	lace of Business	2a.	. Maliing Address	: ′		~	4. FEI Number Applied For Not Applied For Not Applicable
Sulte, Apt.	#, etc.	27	Suite, Apt. #, etc.		,		5. Certificate of Status Desired S8.75 Additional Fee Regulred
_City_A State	6	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	29	Zip 	Co.	untry		S. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Addres	s of Current Regis	stered Agent		\Box		10. Name and Address of New Registered Agent
	,				81	Name	The same of the sa
3199	VOIS, RALPH D FOXCROFT RD., APT	r. 106		•	82	Street Ad	idress (P.O. Box Number is Not Acceptable)
MiKA	MAR FL 33025		,		83		
	. •		*,.		84	City	FL 85 Zip Code
1. Pursuant	to the provisions of Section	ons 607,0502 and 6	i07.1508, Florida Sta	lutes, the a	bove	e-named co	proporation submits this statement for the purpose of changing its registered
IGNATURE	to the provisions of Section egistered agent, or both, in familiar with, and accept Signature, typed or printed name of						orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered utind when reinstating) DATE
IGNATURE	Signature, typed or printed name of	I registered agent and little FICERS AND DIRE	if applicable. (NC	TE: Registere	d Agent		ultrad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filling 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 suppliemental 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.