FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE May 10, 1999 8:00 am Secretary of State CORPORATION Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 05-10-1999 90254 003 ***150.00 DOCUMENT # P980000 uvice, Service IInc. Mailing Address Principal Place of Business 470 Ansin Blud., Ste.G. Hallandale, FL 33009 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 2. Principal Place of Business 21 470 7 ys m 2a. Mailing Address Applied For 16 % Sama Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May 8e 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 8. This corporation owes the current year intangible Country ১১০৩৭ 25 30 □No 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent el Address (P.O.Box Number legist) Accep 3101 SW 83 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section's 507,0505, Florida Statutes. Dan M SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Dansel M. Zmoch Pres . Change TITLE latador hami HAVE 1.2 NAME CR2E034 1.3 STREET ADDRESS STREET ADDRESS - 32354 14 CITY-\$1-ZIP CITY-ST-ZVP DELETE Change Addition 21 TITLE TIBLE 22 NAME NAKE STREET ADDRESS 2.3 STREET ADDRESS FL 33020 2.4 CITY-ST-ZIP CITY-ST-ZP DELETE -3.1 TITLE TITLE 3 Z NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City-St-ZP DELETE Change [] Addition TITLE NAME 4 7 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 4.4 CITY-\$1-ZIP DELETE Change ☐ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY- ST-ZIP C/TY-\$1-ZF DELETE [] Change TITLE ☐ Addition 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-S1-ZIP 14. I hereby certify that the information supplied with this titing 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 secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.