FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| CORPORATION ANNUAL REPORT 1997 | | | | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | Secretary of State | | | | |
|---|---|--|-----------------------------------|---|--------------------------|---------|--|---------------------|--|----------------------------|---------------------------|----------------------------|--|
| DOCUI | MENT # | S10567 s services, | INC. | (3) | | | *** | | | | | | |
| | | | | | | · | | | | | | | |
| Principal Frac 2391 OLD DIXI RIVIERA BEAC | | Mailing Address 2391 OLD DIXIE HIGHWAY RIVIERA BEACH FL 33404-5456 | | | | | i isandis (al ribil abili sul sul sul rabi | | #11 #11 11 #111 11 | | | | |
| | | | | | | | | | 3. Date Incorporated or Qualified 11/01/1990 | | e of Last R 3/1996 | eport | |
| | lace of Business | | 2a. Mailing | Address | | | | | 4. FEI Number | | | plied For | |
| 21 Stute, Apt | #. etc | | 26 Suite. A | spt. #, etc | | | ······································ | } | 65-0224605 | | \$8.75 / | ot Applicable | |
| 22 | | | 27 | 4.1 414 | | | | | 5. Certificate of Status Desired | | Fee Re | | |
| Oity & State 23 | c | | City 8 5 | State | | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 Added | | |
| 23) 24] | (C) | ountry | Zip | | Cour | itry | | | 8. This corporation has liability for | | ay under s | | |
| <u>1</u> | | ddress of Current | | jent | 1901 | | | | IO. Name and Address of New Re | | | | |
| | ulo, robert h | | | |] | 81 | Name | | | | | | |
| | 1 OLD DIXIE HIG | | | | Ì | 82 | Street A | Address | (P.O. Box Number is Not Acceptab | ole) | | | |
| HIVI | era beach fl | 33404 | | | } | 83 | | | <u> </u> | | | | |
| | | | | | | | (D) | | | | lon Zin (| Onde | |
| | | | | | 1 | - 1 | City | | | FL | | Code | |
| 11. Parsuant office or r | to the provisions of en stered agent, or | Sections 607.0502 both, in the State of | and 607.1508, of Florida, Such | Florida Statut- change was a | es, the ab authorized | ove- | named o | corpora coration | ition submits this statement for the p is board of directors. I hereby acce | ourpose of our the appoint | changing it intment as | s registered registered | |
| | mi femiliar with land | i accept the obligat | ions of, Section | ∖ 607.0505. Fk | orida Statu | ites. | | | | | | | |
| SIGNATURE | Superior type one produ | dina wireleg threed aport | and the Papplical P | e (NO1 | f Flogistered | Agen | t signature r | required w | ihen reinstating) | DATE | | | |
| 12. | | OFFICERS AND | | T per eve | 13. | | r | | ADDITIONS/CHANGES TO OFFIC | | | | |
| Tille | PD Mosler, Waf | DEN R | | [_] DELETE | 1.1 1/11 | | | | | ı | Change | Addition | |
| NAME SURGELADORESS | 2391 OLD DIX | | | | 1.2 NAM | | DDRESS | | | | | | |
| CITY ST 71: | RIVIERA BEAC | | | | 14 CiT | | - 1 | | | | | | |
| lilut | \$ | | | DELETE | 2 1 111 | | | S | | | Change | XXAddition | |
| NAME | WEBER, THOM | | | | 2.2 NA | WE | | | ph D. Butler | | | | |
| STREET ADDRESS | 2391 OLD DIX | | | | 2.3 \$16 | IEE (A | DDRESS | | l Old Dixie Hwy. | | | | |
| C(! r - S' - 7)? | RIVIERA BEAC | H FL | | T Nevere | 2. 4 CiT | | - ZIP | Riv | iera Beach, FL 334 | 404 | | | |
| TULE | | | | [_] DELETE | 3.1 1(1) | | | | | 1 | Change | Addition | |
| NAME Character African and | } | | | | 3.2 NA | | DODESS | l | | | | | |
| STREET ADDRESS. | | | | | | | DDRESS | | | | | | |
| _CHY_S1-249 | | | | DELETE | 3.4. CIT 4.1 TITI | | ·· Z IF | | | | Change | Addition | |
| NAME | | | | | 4. 2 NA | | - | | | | ~ | - | |
| STREET AETUAESS | | | | | | | DDRESS | | | | | | |
| GHY St 20 | | | | | 4.4 CHT | | | L | | | | | |
| THE | | | | DELETE | 5 1 TITE | LE | | | | | Change | Addition | |
| NAM) | | | | | 5 2 NAI | ME | Ì | Ì | | | | | |
| STREET ADDRESS | | | | | | | DDRESS | | | | | | |
| 17 S1 74P | | | · | NUCT | 5.4 CIT | | - 7:P | | | · | Channe | Addis | |
| 11711 | 1 | | | DELETE | 6.1 TITE | i, E | | l | | | Change | Addition | |

14. To 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 orienter of the corporation or the receiver or trusted 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.

6.4 CITY- ST-ZIP

6 2 NAME 63 STREET ADDRESS

SIGNATURE:

NAME

STREET ANDRESS. CHY - \$1 - 761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 19 1997 8:00am

(561)842-2492