SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S12794

(1)

| FILED |
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| Sep 24 1998 8:00am |
| Secretary of State |

DH DD

| PITTSVIL | LLE SERVICES, INC FLO | ORIDA | | | | | . 1) (1) (1) (1) | |
|---|--|---|---------------------|---------------------------------------|---|---------------------------------------|-------------------------|------------|
| | | | | | | | | |
| Principal Plac | | Mailing Address | | | | | | |
| P O BOX 21783 P O BOX 21783 | | | | | | | | |
| FT. LAUDERDALE FL 33335 FT. LAUDERDALE FL 33335 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | 11/13/1990 | | | |
| Principal Place of Business 2a. Malling Address | | | | | 4. FEI Number / Appli | | | For |
| 21 1560 SE 24 ST. 26 | | | | | 65-0229800 | [| Not App | plicable |
| Sulte, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | · · | .75 Additi | |
| 22 STC | | 27 | | | | | ee Require | |
| City & Stat | 1 | City & State | | | 6. Election Campaign Financing | | .00 May | |
| 23 Fort | | 28 | T 000 | | Trust Fund Contribution | | ded to Fee | |
| Zip 22:3 | Country | Zip | Cou | intry | 8. This corporation owes or has paid the | current year | ar Intangibl No | |
| 24 333 | 9. Name and Address of Curre | 29 ant Registered Agent | 30 | Γ | Personal Property Tax due June 30. 10. Name and Address of New Registere | | LJNO | |
| MAD | | aur Kedisteren Wästlt | | B1 Name | IV. Name and Address of New Adgraters | u Agent | | |
| | AUS Z WSKI, PETER J.) S.E. 24TH ST | | | | | | | |
| | 7 3.2. 24111 31 E 10 | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | | |
| | AUDERDALE FL 33316 | | | 83 | 1 NW 2nd Court | | | |
| FIL | AUDERDALE PL 33310 | | | | | | | |
| | | | | 84 City 01, | (E | 85 | Zip Code | |
| 44 0 | 607.05 | (OD 4 607 4500 FI- 11- 04-4.4. | 41 | | 407ATiVA/ | | 33317 | |
| office or | registered agent, or both, in the Stal | te of Florida. Such change was a | authorized | d by the corporat | oration submits this statement for the purpose of ion's board of directors. I hereby accept the app | ointment | as register | red |
| agent. I a | am familia with, and accept the obti | | | | 111 | 1.1 | - | |
| SIGNATURE. | Significate, typed or philips name of registered ag | Peter Minimus | cush: | V.P. | guired when reinstating) DAY | 16 | | |
| 12. | OF CERS A | ND DIRECTORS | 13. | TO AGAIN SIGNATURE FAC | ADDITIONS/CHANGES TO OFFICERS | AND DIR | ECTORS I | N 12 |
| TITLE | PD | DELETE | 5,1 717 | LE | ADDITIONS/CITATIONS TO CITADENC | | | Addition |
| NAME | MARAUSZWSKI, WILLIAM | L Decent | 1.2 NA | ME | | | wigo [| Mudition |
| STREET ADDRESS | 5353 NW 55TH TERR | | 1350 | REETADDRESS | | | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 1 | Y-ST-ZIP | | | | |
| TITLE | STD | DELETE | 2.1 TIT | | | Chr | ange . | Addition |
| NAME | MARAUSZWSKI, WILLIAM | Dece 15 | 2.2 NA | ME | | | ,,,go | , addition |
| STREET ADDRESS | 5353 NW 55TH TERRACE | | 2.3 ST | REET ADDRESS | | | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 1 | Y-ST-ZIP | | 'n | | |
| TITLE | | DELETE | 3.1 T(T | | | Chr | ange [] | Addition |
| NAME | | Production of the second | 3.2 NA | ме | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 TIT | | | Chi | inge . | Addition |
| NAME | | | 4.2 NA | ME I | | | السحا ~ي… | |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | |
| TITLE | | DELETE | 5.1 T(T | | | Chi | ange | Addition |
| NAME | | - Percit | 5.2 NA | | | | 'لبا •ه…ا | |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | |
| TITLE | | DELETE | 6.1 T(T | ···· | | Chr | ange [] | Addition |
| NAME | | [_] DC12, [| 6.2 NA | | | مار يــــ | نا∟ ∾و… | , |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | |
| 14. I hereby ce | ertify that the information supplied will | th this filing does not qualify for the | he exemp | tion stated in sec | ction 119.07(3)(i), Florida Statutes, I further certi | y that the | information | n |
| indicated of an officer of in Block 12 | on this annual report or supplementa or director of the corporation of the cor Block 13 if changed or in an at | al annual proort is true and accur eceiver or trustee empowered to tachprent with an address. | rate and to execute | hat my signature this report as re | ction 119.07(3)(i), Fiorida Statutes, I further certions shall have the same legal effect as if made un quired by Chapter 607, Florida Statutes; and the | der oa th; at my nan | that I am ne appears | s |