

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # **S51014** (6)

1. Corporation Name
PENGUIN SERVICES, INC.



Principal Place of Business
**813 E. BLOOMINGDALE AVE. #130
BRANDON FL 33511**

Mailing Address
**813 E. BLOOMINGDALE AVE. #130
BRANDON FL 33511-8113**

3. Date Incorporated or Qualified
05/09/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3065910

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
**LEE, TRACY A
7802 NUNDY AVENUE
APT I
GIBSONTON FL 33435**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, in the 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1A TITLE	1B NAME	1C STREET ADDRESS
NAME	STREET ADDRESS		1D CITY - ST - ZIP	2A TITLE	2B NAME
CITY - ST - ZIP			2C STREET ADDRESS	2D CITY - ST - ZIP	3A TITLE
			3B NAME	3C STREET ADDRESS	3D CITY - ST - ZIP
			4A TITLE	4B NAME	4C STREET ADDRESS
			4D CITY - ST - ZIP	5A TITLE	5B NAME
			5C STREET ADDRESS	5D CITY - ST - ZIP	6A TITLE
			6B NAME	6C STREET ADDRESS	6D CITY - ST - ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/28/97 681-0180

CR2E034 (9/96)