PROFIT CORPORATION ANNUAL REPORT			TEF	ER MAY 1 IS \$225.00  FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS											
DOCUM	ENT #	S52960	)	(9)											
<ol> <li>Corporation N.</li> </ol>	ame			(-)											
COLON	) noitaiva yi	Services, inc	).												
Principal Place of Business P.O. BOX 1589 LABELLE FL 33935			Mailing Address P.O. BOX 1589 LABELLE FL 33935												
										3. Date Incorporated or 0 05/16/1991	ualified	3a. Date	of Last <b>05/01/</b>	Report 1995	
2. Principal Place	of Business		2a. M 26	ailing Address						4. FEI Number 65-0266865				Applied Not App	
Suite, Apt. #,	etc.		S	ute, Apt. #, etc						5. Certificate of Status De	sired			<b>5</b> Additi Require	
City & State			27 C 28	ty & State						Election Campaign Fina  Trust Fund Contribution	-		\$5.	00 May	Ве
<b>Ζ</b> φ	Coul	ntry	Z	ρ	30	Count	try			This corporation has lia     Florida Statutes		intangible ta	x under	s 199.00	32,
24	25 25 Name and Add	dress of Current R	29 egister	ed Agent	[30]					10. Name and Address of	f New I	Registered	Agent		
	OLLEGE PKWY ( RS FL 33919	F300					83 84	Crty				E1	85	Zıp Code	3
an early of order	toppost or both in :	octions 607,0502 an the State of Florida ligations of, Section	Suche	riande was a imoni	ZOCLED :	abov the co	e na orpo	amed co ration's	rpora board	tion submits this statement fo of directors. I hereby accep	or the pu	irpose of cha pointment as	anging it register	s register ed agent	ed office . I am
SIGNATURE	grature typed or printed is	anie of regishaert a gest and	tille Zapp	Harris (N	OTE Reg	p-terent A	4,31.1	signature re	a protesti s	when renstating		DATE			
12.	DPST	OFFICERS AND E	HRE C1			13.				ADDITIONS/CHANGES	TO OF		DIRECT Chang		12 Addition
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OTTY - ST - Z:P				DELF16		3 1 Til 3 2 NAI	TL E	1 2"					☐ Chan	96 🗍	Addition
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CITY - ST - ZIP						540			ļ				C) Chac	<u></u>	Addition

6.4 CHY - \$1 - 2IP 14. I do hereby certify that the information supplied with this filing is voluntarily funished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

6 1 TITLE

6.2 NAMI

6.3 STREET ADORESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT W. Smith. President

DELFTE

4-30-96 941-675-2047

Change Addition

CR2E034 (12/95)