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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
DOCUI 1. Corporation	MENT # S60555 NAME SERVICES, INC.	(7)						
Principal Place	e of Business	Mailing Address	ur		I INDIALIN DIA BIDA NOTA NITA NITA NITA NITA			
1266 IST STRE		1266 1ST STREET						
SUITE 5		SUITE 5						
SARASOTA FL 34236 SARASOTA FL 34236-5					3. Date Incorporated or Qualified	3a. Date	of Last Ri	enort
					06/14/1991	05/01/		роп
2. Principal Place of Business 2a. Mailing Addres					4. FEI Number			plied For
21	AND DO NOT THE REAL PROPERTY OF THE PARTY OF	26			65-0268771			t Applicable
Suite, Apt. #, etc Suite. Apt. #, etc					5. Certificate of Status Desired			Additional
22         27           Crity & State         Crity & State			•		6. Firstin Ossanlar Flancia		Fee Re	·
23]	28				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip	Country Zip			, , , , , , , , , , , , , , , , , , ,	8. This corporation has liability for			
24	25	29	30			] Yes □ I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	gistered Age	ent	
ZEIG	LER, RON W.		81	Name				
1266 1ST STREET				Street Addi	ress (P.O. Box Number is Not Acceptal	ble)		
SUITE 5								
SAR	ASOTA FL 34236		63					
			84	City			5 Zip (	Code
11. Pursuant i office or ri	to the provisions of Sections 607.050 registered agent, or both, in the State	12 and 607.1508, Florida Statutes of Florida. Such change was at	s, the above uthorized by	e-named corp / the corporat	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of ch pt the appoin	anging it: Iment as	s registered registered
agent I a	ini familiar with and accept the oblig	ations of, Section 607.0505, Flor	ida Statute	S	2	7 7 7		
SIGNATURE	Signature Typed or proved name of registered an	-ella				174 (		
12.			Registered Age	ent Bignature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DECTOR	C IN 12
TILE	OFFICERS AND DIRECTORS  DP DELETE		1.1 TITLE		ADDITIONS/OFFANGES TO CITY		Change	Addition
NAME	ZEIGLER, RON W		1.2 NAME			<del></del>	•	
STREET ADDRESS	1233 1ST STREET #5		1.3 STREET ADORESS					
City-ST-ZIP	SARASOTA FL							Í
TITLE	D DELETE						Change	Addition
NAME	WEINHOLD, KARL W.		2.2 NAME					
STREET ADDRESS	1266 1ST STREET, #5		2.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	1				
STREET ADDRESS			3.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			<u> </u>	
TITLE		DELETE	4.1 TITLE			L	Change	Addition
NAME			4. 2 NAME	1000==				
STREET ADDRESS			4.3 STREET					
CITY-ST-7IP TIFLE		☐ DELETE	4.4 City - S 5.1 title	1-ZIP			Change	Addition
NAME		bearing	5.2 NAME			_		- J rightight
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CITY - S					ļ
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADORESS	•			ľ
CITY+ST-ZIP			6.4 CITY-S			·		
14. I do heret	by certify that the information supplied to undicated on this around report or	d with this filing does not qualify	for the exe	mption stated	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further ce	rtify that	the
l am an o	ifficer or director of the corporation of in Block 12 or Block 13 if changed, o	r the receiver or trustee empowe	ered to exec	cute this repo	rt as required by Chapter 607, Florida s	Statutes; and	that my n	iame

SIGNATURE:

**FILED** 

Feb 12 1997 8:00am