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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # S64969

121

UNITED Principal Place	SERVICE CAPITAL CORPOR e of Business E AVENUE. SUITE 1	Mailing Address 727 S. ORANGE AVENUE. SARASOTA FL 34236-7741	SUITE 1		
					Date of Last Report)4/09/1996
2. Principal Pl	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21 Cuita Aut	# Others	Suite, Apt. #cretc		65-0274311	Not Applicable
22	*. Suite 3	27 Suite, Apr. #Fetc.	tc3	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for intang	
24	25 9. Name and Address of Current	29 Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Register	No No
	RAULT, DENNIS		B1 Name	10, 111110 21111111111111111111111111111	
	S. ORANGE AVENUE, SUITÉ 1 ASOTA FL 34236		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
OAN	NOUIN FE 04200		83	Suite 3	
			B4 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statut	es, the above-named corr	poration submits this statement for the purpos	se of changing its registered
office or r agent I a	egistered agent, or both, in the State in family ar with, and accept the obligation	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized by the corpora orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
SIGNATURE					\
12,	Signature, typical or printed harne of registered agen OFFICERS AND		E Registered Agent signature requi	red when reinstating) DAY ADDITIONS/CHANGES TO OFFICERS A	
Titur	PVS	DELETE	1.1 TITLE	7.55(10-10)0704192010-011102107	☐ Change ☐ Addition
NAME	PERRAULT, DENNIS		12 NAME		
STREET ADDRESS	727 S. ORANGE AVE STE 1		1.3 STREET ADORESS		·
City-St-ZiP	SARASOTA FL		1.4 CITY - ST-ZIP		
THLE	0,11100,7,112	DELETE	2.1 TOTLE	**************************************	Change Addition
NAME	}		2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		ļ
CHY-ST-ZIP			2. 4 CITY - ST - ZIP		
100	f	☐ DELETE	3.1 TITLE	**************************************	Change Addition
зм4и			3.2 NAME		
STREET ADORESS			3.3 STREET ADORESS		
C-TY - S1 - ZiP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TiffLE		Change Addition
NAME			4. 2 NAME		
STREEL ADORESS	}		4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CITY - ST - ZIP		
TIFLE		☐ DELETE	5.1 TIPLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City - S1 - ZiP			5.4 CITY - ST-ZIP		
160		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	}		6.2 NAME		
0.000 1.45000000	1		0.0.070155 4000500		

SIGNATURE:

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 expowered 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

FILED

Apr 02 1997 8:00am

Secretary of State