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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S92195 (4)

SERVICE BUREAU INTERNATIONAL, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
6202 BENJAMIN RD 6202 BENJAMIN RD						
-BUTTE COS	 .	9UITE 005				DO NOT WRITE IN THIS SPACE
TAMPA FL 336 US	TAMPA FL 33634 US	A FL 33634			3, Date Incorporated or Qualified	
•		••				11/05/1991
2. Principal Pl	2s. Mailing Address	Mailing Address			4. FEI Number Applied For	
21		26				59-3092604 Not Applicable
Suite, Apt.	#, elc	Suite, Apt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 29 9. Name and Address of Current Registered Age		[30]			Personal Property Tax due June 30. L Yes L No 10. Name and Address of New Registered Agent
					Name	10. Hamo and Addition of New Household Algorithm
ALLWEISS, MICHAEL D ESQ						
111 2ND AVE NE STE 620				82 Street Addi		dress (P.O. Box Number is Not Acceptable)
SUITE 202				83		
81	PETERSBURG FL 33701					
	With I			84	City	FL 85 Zip Code
11. Pursuant i	to the/drovision bi/Sections 60/ 0502	and 607,1508, Florida Statute	es, the a	bove-	-named co	progration submits this statement for the purpose of changing its registered
11. Pursuant to the provision 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 to 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 familier with, including the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typing or printed native of registered agen	f and little if applicable (NOT	E Registere	d Agen	nt signature red	quired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 [1	ITLE		Change Addition
NAME PORCELLI, PETER J., JR.			1.2 NAME			
STREET ADDRESS 6306 BENJAMIN RD SUITE 605		5	1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	TAMPA FL		_	1.4 CITY-ST-ZIP		Change Addition
TITLE			2.1 (☐ Change ☐ Addition ☐
HAME	PORCELLI, PETER J JR		2.2 NAME			
STREET ADDRESS	6202 BENJAMIN RD		2.3 STREET A			
CITY-ST-ZIP	TAMPA FL DECELETE			2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE	' -		-			
NAME	HAGA, ROBERT			ADDRESS	İ	
STREET ADDRESS	See Serial Williams					
CITY-ST-ZIP TITLE	ST DELETE 411		ITY-SI	1 · ZIF	☐ Change ☐ Addition	
NAME	WALFOND, MICHELE		4.21		}	
STREET ADDRESS	6202 BENJAMIN ROD				ADDRESS	
9	TAMPA FL			ITY-ST		ł
CITY-ST-ZIP TITLE	IPANCES FILE	DELETE	5.1 T			☐ Change Addition
NAME			5.2 NAME			5/T
STREET ADDRESS	1			A STREET ADDRESS AT		Angela Gross
CITY-ST-ZIP				S.A.CITY_ST. 7IP		6202 Benjamin Rd.
TITLE				1 TITLE TE		Tampoa, FL 33634 Change Addition
NAME		62 N	62 NAME		·	
STREET ADDRESS			ı		ADDRESS	
CITY-ST-ZIP				ITY-ST		
	·	-		-		Continued of ONO Continued Continued to the property of the Indianation

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplienental 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 coroiver 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 attaching with an address.

SIGNATURE:

813-885-4447