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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

S96342

(8)

ANDREWS AND COPANS SERVICE, INC.

Mailing Address

FILED

Apr 28 1998 8:00am

Secretary of State

1231 W. COPANS RD. 1231 W. COPANS RD POMPANO BEACH FL 33064 POMPANO BEACH FL			33064			T. 110 00 1 05		
					DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualified			
6 Principal D	ace of Business	2a. Mailing Address		· · · ·	11/25/1991 4. FEI Number		plied For	
21 1231	W. Copard Low	26. Walling Address	l			— — —	t Applicable	
Suite, Apt		Suite, Apt. #, etc.	·		65-0300324	\$9.75		
22 City & State		City & State		.,	5. Certificate of Status Desired	Fee Re	oquired	
23 Pourpour Bell, 28 Same					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
			Coun	lry	g. This doportation ones of his part the carroll year than give			
24 336		1	30		Personal Property Tax due June 30. 10. Name and Address of New Regist		7 1/10	
Dal Name								
	ALICHMAN, NATHAN		L		<i>f</i>			
				82 Street Address (P.O. Box Number is Not Acceptable)				
	724		-	33				
В	OCA RATON FL 33486		[~				
			E	City		FL 85 Zip C	Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the abo	 ove-named	corporation submits this statement for the purpo	ose of changing its	s registered	
office or re	egistered agent, or both, in the State or	f Florida, Such change was a ons of Section 607 0505. Fit	authorized orida Statu	by the corp	poration's board of directors. I hereby accept th	e appointment as	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	Signature, typed or printed name of registered agent	and the if applicable (NO)	E. Registered	Agent signature	required when reinstating)	ATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TITL	E		Change	☐ Addition	
NAME	Kalichman, Nathan		1.2 NAM	1E				
STREET ADDRESS	1231 W. COPANS RD.		1.3 STR	EET ADDRESS			i	
CITY-ST-ZIP	POMPANO BEACH FL		_	-ST-ZIP				
TITLE	D	L DELETE	2 1 TITL			Change	Addition	
NAME	BENDOIM, ESTHER		2.2 NAM				1	
STREET ADDRESS	1231 W. COPANS RD.			EET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL	DELETE	_	Y-ST-ZIP		Change	Addition	
TITLE	D	M Dereit	31 TITL			Li omiĝe	L MODIFICE	
NAME	BENDOIM, JACOB		3.2 NAN					
STREET ADDRESS	1231 W. COPANS RD.		1	EET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL	DELETE	3.4. CIT	Y-ST-ZIP		Change	Addition	
TITLE		□ percit	4.1 IHL			onunge		
NAME							1	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL	r-SI-ZIP		Change	Addition	
NAME			5.2 NAM	_			,	
STREET ADDRESS				eet address				
CITY-ST-ZIP				-ST-ZIP	·			
TITLE		☐ DELETE	61 TITL			Change	Addition	
NAME			6.2 NAM					
STREET ADDRESS				EET ADDRESS				
				-ST-ZIP				
CITY-ST-ZIP			0.4 UII Y	-31.71	L			

Thereby 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 13 if changed, or on an attachment with an address. Boundan