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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

|                                    | MEN   # V1662<br>N SERVICES INC.                 | 4 (1)                              |                                  |  |   |
|------------------------------------|--|------------------------------------|----------------------------------|--|---|
| OUTEA                              | V DETIVIOLO INO.                                 |                                    |                                  |  |   |
| Principal Plac                     | e of Husiness                                    | Mailing Address                    | ····                             | I SOBIJ MILADI LIBIN AJIRN BIRKO HRIH ARAR I   | 1806) WINIT OLDIG BIDAL OFBIA DIBA 1901 |
| P.O. BOX 1617<br>MARATHON FL 33050 |  | P.O. BOX 1617<br>MARATHON FL 33050 |                                  |  |   |
|                                    |  |                                    |                                  | 3. Date Incorporated or Qualified 02/25/1992   | 3a. Date of Last Report<br>04/15/1996   |
| <b></b>                            | Place of Business                                | 2a, Mailing Address                |                                  | 4, FEI Number  | Applied For                             |
| Suite, Apt                         | #. elc   | Suite, Apt. #, etc.                |                                  | 65-0312113   | Not Applicable  88.75 Additional        |
| 22                                 |  | 27                                 |                                  | 5. Certificate of Status Desired   | Fee Required                            |
| City & Stati                       | 6  | City & State                       | <del></del>                      | 6. Election Campaign Financing   | \$5.00 May Be                           |
| 23                                 |  | 28                                 |                                  | Trust Fund Contribution  | Added to Fees                           |
| Zip<br>TTI                         | Country  | Zip                                | Country                          | 8. This corporation has liability for in   | ·                                       |
| 24                                 | 25 Name and Address of Curr                      |                                    | 30                               | Florida Statutes L.  10. Name and Address of New Reg                                 |   |
| RHG                                | SCH, EDWARD F                                    |                                    | 81 Name                          |  |   |
|                                    | <del>:6TH S</del> T.                             |                                    | 82 Street Add                    | roon (B.O. Boy Number in Not Assessed  | ما                                      |
| KEY BOLONY BEACH FL-83051          |  |                                    |                                  | ress (P.O. Box Number is Not Acceptable OD OUERSEAS HI                               | GHUAN, SUITE 6                          |
| ****                               |  |                                    | 83                               |  |   |
|                                    |  |                                    | 84 City                          | 10151  | FL 85 Zip Code 33 057                   |
| <u> </u>                           | to No. and discount Continue CO2.0               | EOO and CO7 1500 Florida Protito   |                                  | HCA THON   |   |
| office or r                        | registered agent, or both, in the Sta            | ite of Florida. Such change was a  | uthorized by the corpora         | poration submits this statement for the pution's board of directors. I hereby accept | t the appointment as registered         |
| agent La                           | am familiar with, and accept the obt             | igations of, Section 607.0505, Flo | rida Statutes.                   |  |   |
| SIGNATURE                          | Signature: typed or printed name of registered a | agent and tive if applicable (NOTE | Registered Agent signature requi | red when reinstating)  | DATE                                    |
| 12.                                | OFFICERS A                                       | ND DIRECTORS                       | 13.                              | ADDITIONS/CHANGES TO OFFICE  |   |
| THLE                               | D  | L DELETE                           | 1.1 TITLE                        |  | Change Addition                         |
| NAME                               | RUSH, DENNIS P.                                  |                                    | 1.2 NAME                         |  |   |
| STREET ADDRESS                     | 220 GULF TERRACE                                 |                                    | 1.3 STREET ADDRESS               |  |   |
| CITY - S1 - 7IF                    | MARATHON FL 33050                                | . Closes                           | 1.4 CITY - ST - ZIP              |  | T Office T Addition                     |
| 111LE                              | D NO. MADY                                       | DELETE                             | 2.1 TITLE                        |  | Change Addition                         |
| NAME                               | BRUNO, MARK                                      |                                    | 2.2 NAME                         |  |   |
| STREET ADDRESS                     | 721 84TH STREET                                  |                                    | 2.3 STREET ADDRESS               |  |   |
| City - St - ZiP                    | MARATHON FL 33050                                | DELETE                             | 2.4 CITY-ST-ZIP<br>3.1 TITLE     |  | Change Addition                         |
| NAME                               |  |                                    | 3.2 NAME                         |  | ALANSA (TILIDOGO)                       |
| STREET ADDRESS                     |  |                                    | 3.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP                        |  |                                    | 3.4. CITY-ST-ZIP                 |  |   |
| TITLE                              |  | DELETE                             | 4.1 TITLE                        |  | Change Addition                         |
| NAME                               |  |                                    | 4.2 NAME                         |  |   |
| STREET ADDRESS                     |  |                                    | 4.3 STREET ADDRESS               |  |   |
| C(TY+ST-7IP                        |  |                                    | 4.4 CITY - ST - ZIP              |  |   |
| TITLE                              |  | DELETE.                            | 5.1 TITLE                        |  | Change  Addition                        |
| NAME                               |  |                                    | 5.2 NAME                         |  |   |
| STREET ADDRESS                     |  |                                    | 5.3 STREET ADDRESS               |  |   |
| C(1Y - \$1 - ZIP                   |  | T beiere                           | 5.4 CITY - ST - ZIP              |  | Thomas Theorem                          |
| TIFLE                              |  | DELETE                             | 6.1 TITLE                        |  | Change Addition                         |
| NAMÉ                               |  |                                    | 6.2 NAME                         |  |   |
| STREET ACORESS                     | I  |                                    | 6.3 STREET ADDRESS               |  |   |

6.4 CITY-ST-ZIP

14. If 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 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.

**FILED** 

Apr 21 1997 8:00am

Secretary of State