## 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 # V62858

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HOME	SERVICE	CENTRE CORP	ORATIO	N						
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Principal Plac	e of Busines	is	Ma	ailing Address				{		
1601 U.S. HW	VY 41 S		Р	O BOX 5125						
RUSKIN FL 33570 910-277H-67-5E.							DO NOT VIDITE IN	17110000105		
US SUN CITY CENTER FL 33571								DO NOT WRITE IN THIS SPACE		
			U	5				3. Date Incorporated or Qualified		
2. Principal Place of Business				2a. Mailing Address				09/08/1992 4. FEI Number		Applied For
21			26 P.O. BOX 5/25				59-3186628	' <del> </del>	Not Applicable	
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.					¬ \$8.7	5 Additional
22				27				5. Certificate of Status Desired L	,	Required
City & State				City & State			<b>3</b> /	6. Election Campaign Financing \$5.00 May Be		
23				28 Jun City CE			.4/	Trust Fund Contribution	Add	ed to Fees
Zip		Country	<u> </u>	Zip U	_	Country		8. This corporation owes or has paid	_ `	
24		25 and Address of Cur	29	3357/	30 /	<u>                                     </u>	bonous #	Personal Property Tax due June 30  10. Name and Address of New Regis		∐ No
	<del></del>	SIN AGGISSS DI CUI	TOTIL HOUSE	teren Agent		81	Name	10. Italie and Address of Ital hegis	Protect Wildelin	
	OK, SAM	N 44 6								
1601 U.S. HWY 41 S.				<b>82</b> S			Street Addres	ss (P.O. Box Number is Not Acceptable)	)	
P O BOX 5125 RUSKIN FL 33570						83				
NO	ONIN FL OC	3370								
						84	City		FL  85   2	ip Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 60	07.1508, Florida Statu	ites, th	e above	-named corpo	ration submits this statement for the purp	pose of changin	g its registered
office or r agent. I a	regi <b>s</b> tered ag ım <b>fa</b> miliar wi	jent, or both, in the St ith, and accept the ob	ate of Floric ligations of	la. Such change was , Section 607.0505, F	author Iorida	rized by Statutes	the corporations.	ration submits this statement for the purp n's board of directors. I hereby accept the	the appointment	as registered
SIGNATURE		,	•							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere							nt signature required		DATE	
12.	00	OFFICERS /	AND DIREC			13.		ADDITIONS/CHANGES TO OFFICER		ORS IN 12
NAME	PD PD					4 4 TITI C			I i Chanc	a Addition
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6.4 CITY - ST - ZIP 14. I 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.

1-20-98 (812)633-1515

**FILED** 

Feb 18 1998 8:00am

Secretary of State