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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V69614 1. Corporation Name FACILITIES SERVICES AND CONSULTING INTERNATIONAL INC.

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90022 035 ***150.00

	·	
Principal Place of Business	Mailing Address	
B231 BRIDLE PATH BOCA RATON FL 33496	8231 BRIDLE PATH BOCA RATON FL 33496	
DOCK HATCH PE 33490	BOOK HATON PE 33430	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed
		10/07/1992
2. Dringing Diago of Business	0. Mailing Address	4 EEI Niverbou

- =;	Thropal Tidoo of Dadillood			Applied For				
21		26		65-0359804 Not Applicable				
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required				
23	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
24	Zip Country 25	Zip 29	Country	8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Current R	egistered Agent		10. Name and Address of New Registered Agent				
	JUPE CHARLES D.		81	Name				
JUPE, CHARLES D. FAC 8231 BRIDLE PATH BOCA RATON FL 33496			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
			84	City E1 85 Zip Code				

.11. Pursuant to the provisions 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, 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 title if applicable. (NOTE: R	tegistered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE	1.1 TITLE	W. (CA) 17	☐ Change	Addition	
NAME	JUPE, CHARLES D	1.2 NAME				
STREET ADDRESS	8231 BRIDLE PATH	1.3 STREET ADDRESS				
CTTY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP				
TITLE	D DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	JUPE, PEGGY T.	2.2 NAME				
STREET ADDRESS	8231 BRIDLE PATH	2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL/33496 (/)	2.4 CITY-ST-ZIP				
πιε	DELETE	3.1 TITLE		Change	☐ Addition	
NAME		3.2 NAME				
CTOEET ADDOCCC	APAMARENES	3.3 STREET ADDRESS	y, *** , , , , , , , , , , , , , , , , ,			
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME	The control of the co	4.2 NAME				
STREET ADDRESS	7.44	4.3 STREET ADDRESS				
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP				
TITLE .	. DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME		5.2 NAME				
STREET ADDRESS	9	5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	ØATO FORMATION OF DELETE 920 FORMATION OF STANDARD	6.1 TITLE		☐ Change	Addition	
NAME .	WOTA CITY FOR THE	6.2 NAME				
STREET ADDRESS	ingger til formalla i storika i storika. Storika	6.3 STREET ADDRESS				

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 indicated on this annual report or supplemental annual report of supplemental supplemental annual report of supplemental suppl

SIGNATURE: