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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S45354** **(5)**

1. Corporation Name

SOUTHERN STORAGE MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
1645 PALM BCH. LAKES BLD. STE. 420 W. PALM BEACH FL 33401-2216 US	1645 PALM BCH. LAKES BLVD. STE. 420 WEST PALM BEACH FL 33401-2216 US

3. Date Incorporated or Qualified: **04/15/1991**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business	2a. Mailing Address
21 3300 PGA BLVD	26 3300 PGA BLVD
Suite, Apt. #, etc. 22 STE 620	Suite, Apt. #, etc. 27 STE 620
City & State 23 PALM BEACH GARDENS FL	City & State 28 PALM BEACH GARDENS FL
Zip / Country 24 33410-2811 / 25 USA	Zip / Country 29 33410-2811 / 30 USA

4. FEI Number: **65-0272140** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCINTOSH, ROBERT A. 1645 PALM BEACH LAKES BLVD. STE. 420 WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3300 PGA BLVD STE 620 83 84 City: PALM BEACH GARDENS FL 85 Zip Code: 33410-2811

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	X Change ☐ Addition
NAME	COWIE, PETER V.		1.2 NAME	
STREET ADDRESS	1645 PALM BCH. LAKES BLVD., STE. 420		1.3 STREET ADDRESS	3300 PGA BLVD STE 620
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-2811
TITLE	V	☐ DELETE	2.1 TITLE	XX Change ☐ Addition
NAME	MCINTOSH, ROBERT A.		2.2 NAME	
STREET ADDRESS	1645 PALM BCH. LAKES BLVD., STE. 420		2.3 STREET ADDRESS	3300 PGA BLVD STE 620
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-2811
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
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	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 4/15/96 407-775-7393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #