

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #

1. Corporation Name V37803

Special Services Enterprises, Inc.

Principal Place of Business

209 Salzedo Street
Royal Palm Beach, FL
33411
USA

Mailing Address

1120 Royal Palm Beach Blvd.
#188
Royal Palm Beach, FL 33411

3. Date Incorporated or Qualified 05/20/1992	3a. Date of Last Report 04/09/97
4. FEI Number 65-0336175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax, under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

1 Suite Apt. #, etc.

3 City & State

4 Zip

Country

2a. Mailing Address

26 1128 Royal Palm Bch Blvd

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

Zip Code

9. Name and Address of Current Registered Agent

Dye, Patricia Mngr.
207 Salzedo Street
Royal Palm Beach, FL 33411

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PT <input checked="" type="checkbox"/> DELETE
NAME	FERRARA, JOSEPH
STREET ADDRESS	1120 ROYAL PALM BEACH BLVD., #188
CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	FERRARA, MARILYN
STREET ADDRESS	1120 ROYAL PALM BEACH BLVD., #188
CITY-ST-ZIP	Royal Palm Beach, FL 33411 <input type="checkbox"/> DELETE.
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCHIAVONE, DONALD
1.3 STREET ADDRESS	1128 Royal Palm Beach Blvd., #188
1.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002182890
6.3 STREET ADDRESS	-05/19/97--01060--014
6.4 CITY-ST-ZIP	***61.25

14. I 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

SIGNATURE: Donald Schiavone Donald Schiavone 05/01/97 791-1445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/96)