

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V37803 (6)**  
 1. Corporation Name  
**SPECIAL SERVICES ENTERPRISES, INC.**



Principal Place of Business <b>209 SALZEDO ST                  ROYAL PALM BCH. FL 33411                  US</b>	Mailing Address <b>1120 ROYAL PALM BEACH BLVD.                  #188                  ROYAL PALM BEACH FL 33411                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>207 Salzedo Street</b>	26 <b>1120 Royal Palm Beach Blvd.</b>			<b>05/20/1992</b>	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number		Applied For	
23 City & State	28 City & State	<b>65-0336175</b>		Not Applicable	
24 Zip	25 Country	5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>	
29 Zip	30 Country	<input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			
<b>DYE, PATRICIA MNGR. 207 SALZEDO STREET ROYAL PALM BEACH FL 33411</b>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>DYE, PATRICIA MNGR. 207 SALZEDO STREET ROYAL PALM BEACH FL 33411</b>		81 Name	<b>Donald Schiavone</b>		
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>207 Salzedo Street</b>		
		83			
		84 City	<b>Royal Palm Beach</b>	85 Zip Code	<b>FL 33411</b>

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]* DATE **4-6-98**

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

SIGNATURE *[Signature]* **Donald Schiavone 4-6-98 561 795-4096**

CR2E034 (10/97)