

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

4-10-96 B-3332 -C

DOCUMENT # 428404 (8)

1. Corporation Name

SOUTHERN CERTIFIED SYSTEMS INC

Principal Place of Business

4687 SW 45TH STREET
FT LAUDERDALE FL 33314

Mailing Address

4687 SW 45TH STREET
FT LAUDERDALE FL 33314



3. Date Incorporated or Qualified

06/12/1973

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 3006 Stirling Rd.

26 3006 Stirling Road

4. FEI Number

59-1509661

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

23 Hollywood, FL

28 Hollywood, FL

24 33021 USA

29 33021 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATTANI, RAYMOND A
10640 NW 18TH COURT
PLANTATION FL 33322

81 Name

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

83

84 City

FL

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, if applicable,

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BATTANI, RAYMOND ANDREW
STREET ADDRESS 10640 NW 18TH COURT
CITY-ST-ZIP PLANTATION FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE V
NAME BATTANI, SUSAN
STREET ADDRESS 10640 NW 18TH COURT
CITY-ST-ZIP PLANTATION FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME CROSS, DONNA L.
STREET ADDRESS 4700 S.W. 34TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE Y
NAME BENSON, NORMA
STREET ADDRESS 1831 N 54TH AVE.
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME KING, ROBERT S JR.
STREET ADDRESS 4189 SW 23RD ST., #A
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME HATCHER, SAM
STREET ADDRESS ROUTE 2 BOX 54
CITY-ST-ZIP BRISTOL FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: Donna L. Cross Donna L. Cross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 954-962-0707

Date

Daytime Phone #

CR2E034 (12/95)