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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business C/O JOHN A. WOOD 2925 N. W. 24TH TERRACE

BOCA RATON FL 33431



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G71448

(6)

SOUTHERN MODULAR SYSTEMS, INC.

Mailing Address	
C/O JOHN A. WOOD 2925 N. W. 24TH TERRACE BOCA RATON FL 33431	

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1983

2. Principal Place of Business				2a. Mailing Address						4. FEI Number	Ar	oplied For		
21	<u> </u>			26						59-2371756	No.	Not Applicable		
Suite, Apt. #, etc				Suite.	Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional		
22			27						i	5. Certificate of Status Desired	Fee Re	equired		
City & State City & Sta			State	ate				6. Election Campaign Financing	\$5.00	May Be				
23			28	28						Trust Fund Contribution		to Fees		
Zip		Country		Zip		Co	untry			8. This corporation owes or has paid the currer	it year in!	tangible		
24	25 29 30						Personal Property Tax due June 30. 🖊 Yes 🔲 No				□No			
	g, Name	and Address of C	Current Reg	stered /	\gent			10. Name and Address of New Registered Agent						
	WOOD, JOHN	N A.					81	Name						
2925 N.W. 24TH TERRACE						Cturant A	444	on (D.C. Day Number to Net Appointship)						
	BOCA RATON						82 Street Address (P.O. Box Number is Not Acceptable)							
	000, 10,101	112 00701					83							
							84	City		Fi	85 Zip≀	Code		
stat Discour	ant to the newsle	ions of Continuo 60	17 0502 and	607 160	Clarida Ctatut	oo tha a		named o	0000	ration submits this statement for the purpose of ch	onging i	to registered		
office	or registered as	gent, or both, in the	State of Flo	rida. Suc	h change was a	es, ine a authorize	d by	the corpo	ration	n's board of directors. I hereby accept the appoin	tment as	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	d or printed name of regist			bie. (NOT		d Age	nt signature re	equired	when reinstating) DATE	IDECTOR	- III		
12.	DV/	OFFICE	RS AND DIR	CIORS	DELETE	13.		· ·		ADDITIONS/CHANGES TO OFFICERS AND D		Addition		
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NAME		JOHN A				1.2 N	AME					İ		
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CITY-ST-ZIP		RATON, FL 0000	<u></u>				(TY - ST	f-21P						
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NAME						5.2 N								
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NAME						6.2 N	AME	}				j		
STREET ADDRE	ss					6.3 S	TREET A	ADDRESS						
CITY-ST-ZIP							ITY-ST					[
14. I herel	y certify that th	e information supp	lied with this	filling do	es not qualify fo	r the ex	empt	on stated	in Se	ection 119.07(3)(i), Florida Statutes. I further certify	that the	information		
indical	indicated on this annual report or supplemental agnual 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 cornoration or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my pame appears in											iiiam an		