

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

DOCUMENT # **G72414 (7)**

1. Corporation Name
STSS MANAGEMENT, INC.



Principal Place of Business: **6273 DUPONT STATION CT. JACKSONVILLE FL 32217-2513 US**
Mailing Address: **6273 DUPONT STATION CT. JACKSONVILLE FL 32217-2513 US**

3. Date incorporated or Qualified: **01/01/1984**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2348494**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**SCHEMER, GERALD E., C.P.A.
2532 UNIVERSITY BLVD. W.
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent
81 Name: **ALLEN SPARKS**
82 Street Address (P.O. Box Number Not Acceptable): **6273 Dupont Station Ct**
83 City: **Jacksonville** FL 85 Zip Code: **32217**

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 607.0105, Florida Statutes.

SIGNATURE: *Allen Sparks* **Allen Sparks Pres.** DATE: **1/26/96**

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SCHEMER, GERALD E.	
STREET ADDRESS	6273 DUPONT STATION CT.	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPARKS, ALLEN	
STREET ADDRESS	6273 DUPONT STATION CT.	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	STEVENS, JOHN P	
STREET ADDRESS	3874 MARNIE PLACE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	THOMAS, EDDIE F	
STREET ADDRESS	4636 BLUE STREAM LANE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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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: *Allen Sparks* **Allen Sparks** DATE: **2/26/96 (904) 731-1366**

CR2E034 (12/95)