

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

FILED

Jun 04 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 # **J31850** (7)  
1. Corporation Name  
**THE SSI GROUP, INC.**



Principal Place of Business <b>4721 MORRISON DR. MOBILE AL 36609 36609 US</b>	Mailing Address <b>P.O. BOX 991835 MOBILE AL 36691 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 <b>09/05/1986</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2715634</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALLACE, CELIA A.</b>			1.2 NAME			
STREET ADDRESS	<b>3715 DAUPHIN ST.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MOBILE AL</b>			1.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEBORAH STORT</b>			2.2 NAME	<b>DEBORAH SHORT</b>		
STREET ADDRESS	<b>1551 OLD SHELL RD</b>			2.3 STREET ADDRESS	<b>4721 MORRISON DR</b>		
CITY-ST-ZIP	<b>MOBILE AL</b>			2.4 CITY-ST-ZIP	<b>MOBILE, AL 36609</b>		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PIZZOLATO, RICHARD</b>			3.2 NAME	<b>PIZZOLATO, RICHARD</b>		
STREET ADDRESS	<b>3715 DAUPHIN ST.</b>			3.3 STREET ADDRESS	<b>19321A US HIGHWAY 19N SUITE 130</b>		
CITY-ST-ZIP	<b>MOBILE AL</b>			3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 32624</b>		
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTIN SIMMONS</b>			4.2 NAME			
STREET ADDRESS	<b>400 FIRST AMERICAN CENTER</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN</b>			4.4 CITY-ST-ZIP			
TITLE	PCEO	<input type="checkbox"/> DELETE		5.1 TITLE	<b>PCEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOBBY E. SMITH</b>			5.2 NAME	<b>BOBBY E. SMITH</b>		
STREET ADDRESS	<b>1551 OLD SHELL RD</b>			5.3 STREET ADDRESS	<b>4721 MORRISON DR.</b>		
CITY-ST-ZIP	<b>MOBILE AL</b>			5.4 CITY-ST-ZIP	<b>MOBILE, AL 36609</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	<b>JAMES LYONS</b>		
STREET ADDRESS				6.3 STREET ADDRESS	<b>4721 MORRISON DR</b>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<b>MOBILE, AL 36609</b>		

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: 

CR2E034 (10/97)