

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K17938** (7)  
1. Corporation Name  
**SPECIALIST SERVICE CORPORATION**



Principal Place of Business	Mailing Address
8395 S.W. 67 AVENUE #101 MIAMI FL 33143	P.O. BOX 650292 MIAMI FL 33265-0292

3. Date Incorporated or Qualified <b>03/14/1988</b>		3a. Date of Last Report <b>05/01/1995</b>	
4. FEI Number <b>65-0043722</b>			Applied For
			Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**MOTLAGH, ALIREZA**  
**2530 S.W. 3 AVE., #303**  
**MIAMI FL 33129**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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]*  
Signature typed or printed name of registered agent and title if applicable

**NOTE: Registered Agent signature required when reinstating.**

DATE

APR-7-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MOTLAGH, ALIREZA	
STREET ADDRESS	2530 S.W. 3 AVE., #303	
CITY - ST - ZIP	MIAMI FL 33129	

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	MOTLAGH, ALIREZA		
1.3 STREET ADDRESS	8395 S.W 67 AVE. #101		
1.4 CITY-STATE	MIAMI FL. 33143		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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		

CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
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	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	

DATA FIELD	DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	

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:** Deon D. Moten  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADR-7-96 (3-5) 373-6566

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)