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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L10435

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SALES & SERVICE SPECIALISTS, INC.

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Apr 18 1997 8:00am
Secretary of State

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Principal Fla 1135 ROBERT KISSIMMEE F		Mailing Address P.O. BOX 891485 ORLANDO PL 328891485 US	P.O. BOX 601485						
					3. Date incorporated or Qualified 06/18/1989		te of Last F 8/1996	Report	
	Place of Business	2a. Mailing Address	11.	1 5 t	4. FEI Number			pplied For	
Suite, Api	L fl cite	26 1135 Co 66/ Suite, Apt. #, etc.	7/Ue	JC 7	59-2972462			ot Applicable Additional	
22	. H, Old	27			5. Certificate of Status Desired			equired	
City & Sta 23	de	City & State,	ee	FL	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
7 _{ip}	Country	781010	Country	1	8. This corporation has liability for			s. 199.032,	
24	25		30 (1)	<u> </u>			No		
A 40 4	9, Name and Address of	Current Registered Agent	81	Name	10. Name and Address of New Re	gistered	Agent .		
	RRAY, DONNA ZU IS ROBERT RIDGE CT			,					
	SIMMEE FL 34747		62	Street Add	dress (P.O. Box Number is Not Acceptat	ole)			
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		•	B4	City			85 Zip	Code	
			ł	,	poration submits this statement for the pation's board of directors. I hereby acce	FL			
agent I SIGNATURF	Signature, typed or punited name of regis	stered agent and title if applicable. (NOT)	E: Registered Ag	ent signature requ	ulred when reinstating)	DATE			
SIGNATURE	OFFICE	RS AND DIRECTORS	13.	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE				
SIGNATURE 12.	OFFICE S		13. 1.1 TOTLE		<u></u>		DIRECTO Change		
SIGNATURE	S MURRAY, JAMES 1.C. 2610 NORTH LONGBOA	RS AND DIRECTORS Delete T COURT	13. 1.1 TITLE 1.2 NAME		<u></u>				
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information findicated 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 396 6279