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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L32843** (9)

1. Corporation Name
SOUTHERN ADMINISTRATION SERVICES, INC.

Principal Place of Business
**%WILLIAM G. BUCKLES, JR.
455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34840**

Mailing Address
**%WILLIAM G. BUCKLES, JR.
455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770-2014**

3. Date Incorporated or Qualified **11/30/1989** 3a. Date of Last Report **02/15/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2979715		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip 33770 Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Zip 33770 Country		29. Zip Country		30. Zip Country			

9. Name and Address of Current Registered Agent

**BUCKLES, WILLIAM G. JR.
455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34840- 33770**

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLES, WILLIAM G. JR.	1.2 NAME	
STREET ADDRESS	455 N INDIAN ROCKS ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTMAN, DAVID M.	2.2 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	2.4 CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTMAN, GREG	3.2 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	3.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARODY, MICHAEL	4.2 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)