FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L36704** **(9)**

1. Corporation Name
SPECIAL SERVICES DIVISION, INC.

Principal Place of Business	Mailing Address
1800 CLINT MOORE ROAD STE 208 BOCA RATON FL 33487	1800 CLINT MOORE ROAD STE 208 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/14/1989	04/28/1994

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

4. FEI Number **65-0188205** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FISHER, NEIL A. 1800 CLINT MOORE ROAD STE. 208 BOCA RATON FL 33487	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ DATE
Signature (and/or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FISHER, NEIL A.	12 NAME	
STREET ADDRESS	7889 LA MIRADA DR.	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	Vice-President ☒ Change ☐ Addition
NAME	BALBIER, SHEILA	22 NAME	
STREET ADDRESS	7163 NW 49 PLACE	23 STREET ADDRESS	
CITY ST ZIP	LAUDERHILL FL 33319	24 CITY ST ZIP	
TITLE	Vice-President	31 TITLE	☐ Change ☒ Addition
NAME	Kerski, Linda C.	32 NAME	
STREET ADDRESS	23156A Fountain View Drive	33 STREET ADDRESS	
CITY ST ZIP	Boca Raton, Fl. 33433	34 CITY ST ZIP	
TITLE	Secretary	41 TITLE	☐ Change ☒ Addition
NAME	Streit, David M.	42 NAME	
STREET ADDRESS	9114 Galleon Drive	43 STREET ADDRESS	
CITY ST ZIP	Orlando, Fl. 32819	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Linda Kerski V.P. 4/27/95 407 241-8797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Area Code & Phone Number)
Linda Kerski

0278031 CP