FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **12/14/1989**

3a. Date of Last Report: **05/01/1995**

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

21 Suite, Apt. #, etc. 22

23 City & State

24 Zip 25 Country

2a. Mailing Address 26 Suite, Apt. #, etc. 27

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

FISHER, NEIL A.
1800 CLINT MOORE ROAD STE. 208
BOCA RATON FL 33487

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 _____ DATE

Signature, typed or printed name of registered agent, and title if applicable (NEW Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, NEIL A.		1.2 NAME	
STREET ADDRESS	7889 LA MIRADA DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BALBIER, SHEILA		2.2 NAME	
STREET ADDRESS	7163 NW 49 PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KERSKI, LINDA C		3.2 NAME	
STREET ADDRESS	23156A FOUNTAIN VIEW DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STREIT, DAVID M		4.2 NAME	
STREET ADDRESS	9114 GALLEON DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 attached sheet, with no address.

SIGNATURE: _____ 4/22/96 407 241 8297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Neil A. Fisher