FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 02 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** L75631 (6) **BSS CORPORATION** Principal Place of Business Mailing Address % MILTIADIS HALAS 3941 TAMIAMI TRAIL. UNIT #3131 % MILTIADIS HALAS 3941 TAMIAMI TRAIL. UNIT #3131 DO NOT WRITE IN THIS SPACE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 3. Date Incorporated or Qualified 05/24/1990 2. Principal Place of Business 2a. Mailing Address Applied For 65-0204316 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALAS, MILTIADIS 3941 TAMIAMI TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) UNIT #3131 83 **PUNTA GORDA FL 33950** 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 registerical agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1 1 TITLE HALAS, MILTIADIS NAME 12 NAME 1231 PEPPER TREE LANE 1.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE HALAS, FLORENCE NAME 2.2 NAME 1231 PEPPER TREE LANE STREET ADDRESS 2.3 STREET ADDRESS PORT CHARLETTE FL CITY-S1-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITI F 3 1 TITEF NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TETA F 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition †ITLF NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 any 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or open parichment with an appears.

CITY-ST-ZIP

SIGNATURE:

FILED