

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

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Apr 14 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 # L97814 (2) 1. Corporation Name <i>Special Services Programs INC</i> <i>Suntel Marketing INC.</i>			
Principal Place of Business 316 W. Central Ave, #607 Winter Haven, FL 33880		Mailing Address Same	
2. Principal Place of Business 21 316 W. Central Ave 22 Suite # 607 23 City & State Winter Haven 24 Zip 33880 25 Country Polk		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 09/05/90		3a. Date of Last Report 05/01/96	
4. FEI Number 59-3046128		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 Burnham, Darrell E. 316 W. Central Ave, #607 Winter Haven FL 33880		10. Name and Address of New Registered Agent	
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE: (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST-ZIP 1.9 CITY-ST-ZIP 1.10 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I, the undersigned, 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.		700002143137 -04/15/97--01010--023 ***165.00	
SIGNATURE: <i>Dorothy E. Burnham</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Dorothy E. Burnham</i>		4-7-97 941-299-9773 Date Daytime Phone #	

CR2E034 (9/96)