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 # **M82161** **(4)**

1. Corporation Name
BSSC, INC.

Principal Place of Business
433 PLAZA REAL
335
BOCA RATON FL 33432
US

Mailing Address
433 PLAZA REAL
335
BOCA RATON FL 33432
US

3. Date Incorporated or Qualified: **05/19/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 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: **65-0052526** — 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**
WHITE & CASE
200 S BISCAYNE BLVD
MIAMI FL 33131

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 the date signed — NOTE: Registered Agent Signature required when resigning — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CROCKER, THOMAS J	1.2 NAME	
STREET ADDRESS	433 PLAZA REAL STE 335	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VTS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ONISKO, ROBERT E	2.2 NAME	
STREET ADDRESS	433 PLAZA REAL STE 335	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TOMIKO, JOHN L	3.2 NAME	
STREET ADDRESS	433 PLAZA REAL STE 335	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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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)(k), 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 is an attached page with an address.

SIGNATURE: ROBERT ONISKO 4/29/96 407-395-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CS 5/1/96

CR2E034 (12/95)