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Feb 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N48738 (1)

1. Corporation Name

SSOSS OUTREACH, INC.

Principal Place of Business

1740 S. YOUNG CIRCLE  
HOLLYWOOD FL 33020  
US

Mailing Address

P.O. BOX 1028  
HOLLYWOOD FL 33022  
US



3. Date Incorporated or Qualified  
01/08/1992

3a. Date of Last Report  
04/15/1996

2. Principal Place of Business

21 1744 VAN BUREN ST.

2a. Mailing Address

26 P.O. BOX 22-1028

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 HOLLYWOOD, FL.

27 City & State

28 HOLLYWOOD, FL

Zip Country

Zip Country

24 33020 25

29 33022, 1028 30

4. FEI Number

65-0308232

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

STIMPLE-HASKELL, SUEANNA  
1002 LINCOLN ST.  
HOLLYWOOD FL 33019

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
7080 NW 4TH AVE.

83 BOCA RATON

84 City BOCA RATON

FL

85 Zip Code 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Sueanna Stimple-Haskell*

FEB 3, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME STIMPLE-HASKELL, SUEANNA  
STREET ADDRESS 1002 LINCOLN ST.  
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 7080 NW 4TH AVE.  
1.4 CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VD  
NAME HASKELL, ROGER LYMAN  
STREET ADDRESS 1002 LINCOLN ST.  
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 7080 NW 4TH AVE  
2.4 CITY-ST-ZIP BOCA RATON FL 33487

TITLE SD  
NAME STIMPLE, BRADLEY T  
STREET ADDRESS 626 WELLINGTON AVENUE  
CITY-ST-ZIP CHICAGO IL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 1365 N. HOYNE  
3.4 CITY-ST-ZIP CHICAGO, IL 60622

TITLE V  
NAME KILPATRICK, RACHELLE A  
STREET ADDRESS 656 18TH CT.  
CITY-ST-ZIP VERO BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 4900 13TH LANE  
4.4 CITY-ST-ZIP VERO BEACH, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sueanna Stimple-Haskell*

FEB 3, 1997 954-927-7207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078072

CR2E037 (9/96)