

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montuori
Secretary of State
Tallahassee, Florida 32301

APPROVED
AND
FILED

MAY -1 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000048067 (0)**

1. Corporation Name

HSS BUSINESS SOLUTIONS CORP.

Principal Office Address
**2139 UNIVERSITY DRIVE
SUITE 362
CORAL SPRINGS FL 33071**

Mailing Address
**2139 UNIVERSITY DRIVE
SUITE 362
CORAL SPRINGS FL 33071**

(If not, write "Not Applicable")

3. Date Incorporation (or Qualification) **06/27/1994** 3a. Date of Last Report

4. FIC Number **65-0503292** 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**

7. Does corporation have a franchise, license, or other right to sell or lease goods or services in Florida? ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name **FRANK VOLTA**
82. Street Address (P.O. Box Number is Not Acceptable) **2139 UNIVERSITY DRIVE**
83. City **CORAL SPRINGS** **FL** 84. Zip Code **33071**

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to both the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)

1. NAME **P/O**
2. NAME **FRANK VOLTA**
3. STREET ADDRESS **2139 UNIVERSITY DRIVE**
4. CITY **CORAL SPRINGS** **FL** **33071**

1. NAME **P/O** ☐ Change ☒ Addition
2. NAME **FRANK VOLTA**
3. STREET ADDRESS **2139 UNIVERSITY DRIVE**
4. CITY **CORAL SPRINGS** **FL** **33071** ☐ Change ☐ Addition

14. I, the undersigned, certify that the information requested with this filing is accurately furnished and does not equally for the exemption stated in ss. 607.01, 607.02, Florida Statutes. I further certify that the information indicated on this annual report or biennial report or 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 person or persons who are authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes on an attachment with this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/85 (305) 551 7727