FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089306 (2)**

1. Corporation Name
HSSI OF GEORGIA, INC.

Principal Place of Business	Mailing Address
6245 N FEDERAL HWY FT LAUDERDALE FL 33308	6245 N FEDERAL HWY FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0542614 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): 400
Suite, Apt. #, etc. (27): 400
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS INC
% ATLAS PEARLMAN TROP & BORKSON PA
200 E LAS OLAS BLVD SUITE 1900
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

61 Name: SCOTT KOEGLER
62 Street Address (P.O. Box Number is Not Acceptable): 6245 N FEDERAL HWY #400
63
64 City: FT LAUDERDALE FL 65 Zip Code: 33308

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: Scott Koegler, Sec'y — 04-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually signing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	GERSHBERG, JAY	1.2 NAME		
STREET ADDRESS	6245 N FEDERAL HWY	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	S	☐ Change ☒ Addition
NAME		2.2 NAME	SCOTT KOEGLER	
STREET ADDRESS		2.3 STREET ADDRESS	6245 N FEDERAL HWY #400	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		3.1 TITLE	ASST SEC'Y	☐ Change ☒ Addition
NAME		3.2 NAME	CHARLES PEARLMAN	
STREET ADDRESS		3.3 STREET ADDRESS	6245 N FEDERAL HWY #400	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Scott Koegler, Sec'y — 04-11-95 (305) 771-0500
SIGNATURE AND TYPED OR PRINTED NAME OF WINNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Scott Koegler, Sec'y

081000 CP