

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000089306 (2)

1. Corporation Name

HSSI OF GEORGIA, INC.



Principal Place of Business

6245 N FEDERAL HWY  
STE 400  
FT LAUDERDALE FL 33308  
US

Mailing Address

6245 N FEDERAL HWY  
STE 400  
FT LAUDERDALE FL 33308  
US

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOEGLER, SCOTT  
6245 N FED HWY  
#400  
FT LAUDERDALE FL 33308

81

Name BOBBY SHIELDS

82

Street Address (P.O. Box Number is Not Acceptable)

6245 N FEDERAL HWY #400

83

84

City FT LAUDERDALE

FL

85

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

*[Signature]*

BOBBY SHIELDS, SECTY

04-18-96

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GERSHBERG, JAY	
STREET ADDRESS	6245 N FEDERAL HWY	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KOEGLER, SCOTT	
STREET ADDRESS	6245 N FED HWY #400	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PEARLMAN, CHARLES	
STREET ADDRESS	6245 N FED HWY #400	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARNHILL, JEFFREY A.
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECTY BOBBY SHIELDS
4.3 STREET ADDRESS	6245 N FEDERAL HWY #400
4.4 CITY- ST- ZIP	FT LAUDERDALE FL 33308
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOBBY SHIELDS, SECTY

04-18-96 954-771-0500

Date

Daytime Phone

CR2E034 (12/95)