## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000007722 (8)

1. Corporation Name SELECT OUTSOURCING SERVICES, INC. Principal Place of Business Mailing Address 10504 SW 118 ST. P.O. BOX 162556 MIAMI FL 33176 MIAMI FL 33116-2556 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0556286 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GILLETTE, BRUCE M 10504 SW 118 ST. Street Address (P.O. Box Number is Not Acceptable) **MIAM! FL 33176** 83 11. Pursuant to the provision of Sections 60 (0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by both, and its Statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered by properties of Section 607.0505, Florida Statutes. office or registered ag SIGNATURE d name of rug stored agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME GILLETTE, THERESIA L 1.2 NAME 10504 SW 118 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE .... Change Addition THLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 511IILE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 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 altrachment with an address.

CITY-ST-ZIF

4/10/98 (305)2952712

FILED

May 15 1998 8:00am

Secretary of State