

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90099 013 \*\*\*150.00

DOCUMENT # P95000014530

1. Corporation Name

SMALL OFFICE SOLUTIONS INC.



Principal Place of Business

9725 N. NEW RIVER CANAL ROAD  
426  
PLANTATION FL 33324  
US

Mailing Address

9725 N. NEW RIVER CANAL ROAD  
426  
PLANTATION FL 33324  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1995

4. FEI Number

65-0560430

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 owes the current year intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 1031 Amherst Avenue

Suite, Apt. #, etc.

2a. Mailing Address

26 1031 Amherst Avenue

Suite, Apt. #, etc.

City & State

23 Davie FL

Zip

24 33325

Country

25 Broward

City & State

28 Davie FL

Zip

29 33325

Country

30 Broward

9. Name and Address of Current Registered Agent

PORTER, MARK  
9725 N. NEW RIVER CANAL ROAD  
SUITE 426  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Mark Porter

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

1031 Amherst Avenue

83

84 City

Davie

FL

85

Zip Code  
33325

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PORTER, MARK  
STREET ADDRESS 9725 N. NEW RIVER CANAL ROAD, SUITE 426  
CITY-ST-ZIP PLANTATION FL

TITLE VP ☒ DELETE

NAME GOLDSMITH, MICHAEL  
STREET ADDRESS 1535 LANTANA DRIVE  
CITY-ST-ZIP WESTON FL 33326

TITLE T ☐ DELETE

NAME PORTER, GAIL  
STREET ADDRESS 9725 N. NEW RIVER CANAL ROAD, SUITE 426  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1031 Amherst Avenue  
Davie FL 33325

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1031 Amherst Avenue  
Davie FL 33325

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99

954-973-5947

CR2E034 (11/98)

05/14/25