

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90006 041 ***550.00

DOCUMENT # P95000022925

Corporation Name

SERVICE STRATEGIES INTERNATIONAL, INC.

Principal Place of Business

BRICKELL AVENUE
SUITE 1702D
MIAMI FL 33129

Mailing Address

1925 BRICKELL AVENUE
SUITE 1702D
MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1925 BRICKELL AVE.

Suite, Apt. #, etc.

SUITE 713D

City & State

MIAMI, FL

Zip

33129

Country

USA

2a. Mailing Address

1925 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 713D

City & State

MIAMI, FL

Zip

33129

Country

USA

3. Date Incorporated or Qualified

03/20/1995

4. FEI Number

65-0599617

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83 SUITE 713D

84 City

FL

85 Zip Code

ROUNDY, PAUL
1925 BRICKELL AVE., SUITE 1702D
MIAMI FL 33129

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|-----------|---------------------------------|--------------------|--|
| | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| T ADDRESS | D | 1.2 NAME | |
| T-ZIP | ROUNDY, PAUL | 1.3 STREET ADDRESS | 1925 BRICKELL AVE, SUITE 713D |
| | 1925 BRICKELL AVE., SUITE 1702D | 1.4 CITY-ST-ZIP | |
| | MIAMI FL 33129 | | |
| | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| T ADDRESS | D | 2.2 NAME | |
| T-ZIP | ROUNDY, EVELYN B | 2.3 STREET ADDRESS | 1925 BRICKELL AVE, SUITE 713D |
| | 1925 BRICKELL AVE., SUITE 1702D | 2.4 CITY-ST-ZIP | |
| | MIAMI FL 33129 | | |
| | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T ADDRESS | | 3.2 NAME | |
| T-ZIP | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T ADDRESS | | 4.2 NAME | |
| T-ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T ADDRESS | | 5.2 NAME | |
| T-ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T ADDRESS | | 6.2 NAME | |
| T-ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: PAUL V. ROUNDY III 9/4/99 305-858-3203

CR2E034 (5/99)