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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000064936 (4)**

1. Corporation Name
R. S. S. ASSOC., INC.



Principal Place of Business
**9521 SW 7TH STREET
PEMBROKE PINES FL 33025**

Mailing Address
**9720 PINES BLVD
PEMBROKE PINES FL 33024-6228
US**

3. Date Incorporated or Qualified
08/22/1995

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number
65-0606308

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SPEAR, ROY S
9521 SW 7TH STREET
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 required for both name of registered agent and title. If applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	PSTD	☐ DELETE
NAME	SPEAR, ROY S	
STREET ADDRESS	9521 SW 7TH STREET	
CITY- ST- ZIP	PEMBROKE PINES FL 33025	
12.2		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12.3		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12.4		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12.5		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	11 TITLE	☐ Change ☐ Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY- ST- ZIP	
13.5	21 TITLE	☐ Change ☐ Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY- ST- ZIP	
13.9	31 TITLE	☐ Change ☐ Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY- ST- ZIP	
13.13	41 TITLE	☐ Change ☐ Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY- ST- ZIP	
13.17	51 TITLE	☐ Change ☐ Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY- ST- ZIP	
13.21	61 TITLE	☐ Change ☐ Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY- ST- ZIP	

14. I do 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:

Roy Spear
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY SPEAR

2/4/97

954-435-5637

CR2E034 (9/96)