


FILE NOW: FILING FEE IS \$81.25 165.00

FILED
Jun 11 1997 8:00am
Secretary of State

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| FORM 1001 NON-PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # Pa60000010427
1. Corporation Name
SSI Acquisition, Inc.

| | |
|--|---|
| Principal Place of Business 1329 SW 16th Street Suite 2178 Gainesville, Florida 32608 | Mailing Address Post Office Box 100303 Gainesville, Florida 32610-0303 |
|--|---|

| | |
|--|---|
| 3. Date Incorporated or Qualified 02/01/1996 | 3a. Date of Last Report |
| 4. FEI Number 59-3362487 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

Leonard J. Grill, Esq.
1329 SW 16th Street
Suite 5251
Post Office Box 100303
Gainesville, Florida 32610-0303

10. Name and Address of New Registered Agent

| | |
|--|--------------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Leonard J. Grill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/97 04/30/97

12. OFFICERS AND DIRECTORS

| | |
|-----------------------|---|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | J. Richard Gaintner |
| STREET ADDRESS | 1600 SW Archer Road |
| CITY-ST-ZIP | Gainesville, Florida 32608 |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | Greg Gay |
| STREET ADDRESS | 1600 SW Archer Road |
| CITY-ST-ZIP | Gainesville, Florida 32608 |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | Marvin Dewar |
| STREET ADDRESS | 1329 SW 16th Street, #2178 |
| CITY-ST-ZIP | Gainesville, Florida 32608 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 | |
| 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 type="checkbox"/> Addition | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Greg Gay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/97
Date

Daytime Phone #

CR2E037 (9/96)