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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000041000 (6)

SPECIALIZED OPTIONAL SERVICES, INC.

Principal Place of Business Mailing Address

## **FILED** May 07 1997 8:00am Secretary of State



| 14619 SW 118TH AVENUE<br>ARCHER FL 32614-2122 |  |                   | 14619 SW 118TH AVENUE<br>ARCHER FL 32618-4101 |               |        |                     |  |                                  |                                       |                                       |
|---|--|-------------------|---|---------------|--------|---------------------|--|----------------------------------|---------------------------------------|---------------------------------------|
|   |  |                   |   |               |        |                     | Date Incorporated or Qualified     05/14/1996  | 3a. Date of                      |                                       | eport                                 |
| 2. Principal Place of Business                |  |                   | 2a. Mailing Address                           |               |        |                     | 4. FEI Number  | 1 , ,,,                          |                                       | pplied For                            |
| 21 Same                                       |  | 26                | 26 Same                                       |               |        |                     | 59-33 5 4941   |                                  |                                       | ot Applicable                         |
| Suite, Apt. #, etc.                           |  |                   | Suite, Apt. #, etc.                           |               |        |                     | 5. Certificate of Status Desired S8.75 Additional  |                                  |                                       | Additional                            |
| 22  |  | 27                |   |               |        |                     | Fee Required   |                                  |                                       |                                       |
| City & State                                  | e  | <u> </u>          | City & State                                  |               |        |                     | 6. Election Campaign Financing   |                                  | 5.00                                  | May Be                                |
| <b>23</b> Zip                                 | Country  | 28                | 7:  | · r ·         | 4      |                     | Trust Fund Contribution  |                                  |                                       | to Fees                               |
| 24 Zip  | Country  |                   | Zip   | Country       |        | f                   | 8. This corporation has liability for intangible tax under s. 199 Florida Statutes ☐ Yes ☑ Yoo |                                  |                                       | . 199.032,                            |
| 24  | 25]<br>9. Name and Address of Cu               | 29<br>rrent Begis | lered Agent                                   | 30            |        |                     | Florida Statutes  10. Name and Address of New Re   |                                  |                                       |                                       |
| DEC.  |  | Total riogis      | torou Agorit                                  |               | 81     | Name                |  | Jisteleu Agel                    |                                       |                                       |
|   | DD, VICTORIA A                                 |                   |   |               |        |                     | Same   |                                  |                                       |                                       |
|   | 19 \$W 118TH AVENUE                            |                   |   |               | 82     | Street Add          | dress (P.O. Box Number is Not Acceptab   | le)                              |                                       |                                       |
| AHL   | CHER FL 32614-2122                             |                   |   | -             | 83     |                     |  |                                  |                                       | <del></del>                           |
|   |  |                   |   |               | 00     |                     |  |                                  |                                       |                                       |
|   |  |                   |   |               | 84     | City                |  | Pmg 85                           | Zipi                                  | Code                                  |
| 11 Purcuant                                   | to the provisions of Sections 607              | 01.02 and 61      | 07 1509 Clorida State                         | itos the ob   | 2014   | named so            | reception a depoit this platered for the   | FL  °°                           |                                       |                                       |
| office or r                                   | egistered agent, or both, in the S             | tate of Floric    | la. Such charige was                          | authorized    | by     | the corpor          | rporation submits this statement for the pation's board of directors. I hereby accep           | urpose of chai<br>I the appointm | iging it<br>ient as                   | s registered<br>registered            |
| agent. i a                                    | m familiar with, and accept the ol             | bligations of     | , Section 607.0505, F                         | lorida Statu  | ules   | 5.                  |  |                                  |                                       | •                                     |
| SIGNATURE                                     | Signature, typed or printed name of registered | d agout and tak   | it applicable (MO                             | M. Rogictared |        | of Algorith to spec | (ured when re-estaing)   | DATE                             |                                       |                                       |
| 12,   | ·  | AND DIREC         |   | 13.           | i Ayu  | ant signature req   | ADDITIONS/CHANGES TO OFFICE  |                                  | FOTOE                                 | S IN 12                               |
| TITLE   | D  |                   | DELETE  | 1.1 10        | <br>LE |                     |  |                                  | hange                                 | Addition                              |
| NAME  | REDD, VICTORIA A                               |                   |   | 1.2 NA        |        |                     |  |                                  | · · · · · · · · · · · · · · · · · · · | i i i i i i i i i i i i i i i i i i i |
| STREET ADDRESS                                | 14619 SW 118TH AVENUE                          | :                 |   |               |        | ADDRESS             |  |                                  |                                       |                                       |
| CITY-ST-ZIP                                   | ARCHER FL 32614-2122                           | •                 |   | 1.4 CIT       |        |                     |  |                                  |                                       |                                       |
| TITLE   |  |                   | DELETÉ  | 2.1 1/1       |        |                     |  | П                                | hange                                 | Addition                              |
| NAME  |  |                   |   | 2.2 NA        | ME     |                     |  | •                                |                                       |                                       |
| STREET ADDRESS                                |  |                   |   |               |        | ADDRESS             |  |                                  |                                       |                                       |
| CITY-ST-ZIP                                   |  |                   |   | 2.4 DI        |        |                     | **   | T.                               |                                       |                                       |
| TITLE   |  |                   | DELFTE  | 3.1 TIT       |        | 21                  |  |                                  | hange                                 | Addition                              |
| NAME  |  |                   |   | 3.2 NAI       | ME     |                     |  |                                  |                                       |                                       |
| STREET ADDRESS                                |  |                   |   | 3.3 STE       | REET   | ADDRESS             |  |                                  |                                       |                                       |
| CITY-ST-ZIP                                   |  |                   |   | 3.4. CI       |        |                     |  |                                  |                                       |                                       |
| TITLE   |  |                   | ☐ DELETE                                      | 4.1 7(1       |        |                     |  |                                  | hange                                 | Addition                              |
| NAME  |  |                   |   | 4.2 NA        | ME     |                     |  |                                  | -                                     |                                       |
| STREET ADDRESS                                |  |                   |   | 1             |        | ADDRESS             |  |                                  |                                       |                                       |
| CITY-ST-ZIP                                   |  |                   |   | 4.4 CI1       |        | ŀ                   |  |                                  |                                       |                                       |
| TITLE   |  |                   | DELETÉ  | 5 1 TIT       |        |                     |  |                                  | hange                                 | Addition                              |
| NAME  |  |                   |   | 5.2 NA        | ME     |                     |  | _ <del>_</del>                   | -                                     |                                       |
| STREET ADDRESS                                |  |                   |   | B             |        | ADDRESS             |  |                                  |                                       |                                       |
| CITY-ST-ZIP                                   |  |                   |   | 5.4 CIT       |        | i                   |  |                                  |                                       |                                       |
| TITLE   |  |                   | DELETE  | 6.1 1111      |        |                     |  |                                  | hange                                 | Addition                              |
| NAME  |  |                   |   | 6.2 NAI       |        |                     |  |                                  | •                                     |                                       |
| STREET ADDRESS                                |  |                   |   |               |        | ADDRES\$            |  |                                  |                                       |                                       |
| CITY-ST-ZIP                                   |  |                   |   | 6.4 CIT       |        | 1                   |  |                                  |                                       |                                       |
|   |  |                   |   |               |        | * ***               |  |                                  |                                       |                                       |

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.