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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041000 (6)

SPECIALIZED OPTIONAL SERVICES, INC.

Principal Place of Business
14819 SW 118TH AVENUE

Mailing Address

FILED May 05 1998 8:00am Secretary of State



| 14819 SW 118TH AVENUE ARCHER FL 32614-2122 | | 14619 SW 118TH AVENL ARCHER FL 32614-2122 | 14619 SW 118TH AVENUE ARCHER FL 32614-2122 | | | | | |
|--|---|--|---|---------------------------------------|--|------------------|---------------|--|
| | | | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified | SPACE | | |
| | | | | | 05/14/1996 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Ap | plied For | |
| 21 | | 26 | | | 59-3354941 | No | ot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 | 1 | |
| 22 | | 27 | | · · · · · · | | Fee Re | | |
| City & State | e | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country | 7ip | Count | У | 8. This corporation owes or has paid the c | | | |
| 24 | 25 | | | | Personal Property Tax due June 30. | | No | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent 81 Name | | | |
| REDD, VICTORIA A | | | Ľ | | | | | |
| | 819 SW 118TH AVENUE CHER FL 32614-2122 | | 8: | 2 Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| חח | OHER TE OZOTA-ETEE | | 8: | 3 | | | | |
| | | | 8 | 4 City | F | 85 Zip (| Code | |
| 11. Pursuant | to the provisions of Sections 607. | 0502 and 607.1508, Florida Statu | tes, the abo | ve-named c | ornoration submits this statement for the purpose | of changing it | ls registered | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| SIGNATORE | Signature Typed or printed name of registeres | | | gent signature re | Opured when reinstalling) DATE | | | |
| 12. | | AND DIRECTORS DELETE | 13. 1.1 TITLE | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFFICERS AF | DIRECTOR Change | Addition | |
| TITLE | D REDD, VICTORIA A | | | | | □□ Cultulific | | |
| STREET ADDRESS 14619 SW 118TH AVENUE | | = | 1.2 NAME 1.3 Street address | | | | | |
| *************************************** | ARCHER FL 32614-2122 | _ | 1.4 CITY - ST - ZIP | | | | | |
| CITY-ST-ZIP | OFI | | 2.1 TITLE | | | Change | Addition | |
| NAME | | | 2.2 NAMI | : | | | | |
| STREET ADDRESS | | | 23STRE | FT ADORESS | | | | |
| CITY-ST-ZIP | | | 2 4 CITY-ST-ŽIP | | | | | |
| TITLE | | | 3.1 TITLE | | | Change | Addition | |
| NAME | | | 3.2 NAM | | | | | |
| STREET ADDRESS | | | 3 3 STRE | F1 ADORESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY | | | Change | ☐ Addition | |
| TITLE | DELETE | | 4.1 TITLE | | | L_1 change | LT MOUNDIN | |
| NAME | | | 4. 2 NAM | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | | | - ST - ZIP | | Change | Addition | |
| NAME | | becall | 5.1 TITLE 5.2 NAM | | | | 1 | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | | 5.5 | |
| TITLE | | DELETE | | | 9000025109 | 5 H Hange | Addition | |
| NAME | | | 62 NAM | | -05/05/9801032 | -014 | | |
| STREET ADDRESS | | | | ET ADDRESS | ***150.00 | | | |
| CITY-ST-ZIP | | | 6.4 CITY | -S1-7/P | | | | |

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 supplied ental 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 ompowered 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 altachment with an address?