

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000066675 (5)

1. Corporation Name  
SSL CORPORATE CENTER, INC.



Principal Place of Business  
6400 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address  
6400 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0691471

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, BRYAN W  
6400 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME STILES, TERRY W  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VT  
NAME EAGON, DOUGLAS P  
STREET ADDRESS 6400 N ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME PALMER, STEPHEN R  
STREET ADDRESS 6400 N ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VS  
NAME SCHLEGEL, PATRICIA J  
STREET ADDRESS 6400 N ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

4.1 TITLE VS ☒ Change ☐ Addition  
4.2 NAME JONES, PATRICIA  
4.3 STREET ADDRESS 6400 N ANDREWS AVE  
4.4 CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE V  
NAME STINE, JAMES W  
STREET ADDRESS 6400 N ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME COFFEY, KEVIN  
STREET ADDRESS 6400 N ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME DUKE, BRYAN W.  
6.3 STREET ADDRESS 6400 N ANDREWS AVE  
6.4 CITY-ST-ZIP FT LAUDERDALE FL 33309

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 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:

2/23/98 954/276-9300

CR2E034 (10/97)