Principal Place of Business 73 US 1 NORTH PALM BEACH FL 33408 2. Principal Place of Business Suite, Api. #, etc. Suite, Api. #, etc. Suite, Api. #, etc. City & State	DOCUI 1. Entity Name WSS INC		FILED Jan 16, 2001 8:00 am Secretary of State								
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country 5. Certificate of Status Desired , Separate Agent Name MIRKIN, MARK H ESO. C/O MIRKIN & WOOLF, P.A. 1700 PALM BEACH LAKES BLVD. #580 WEST PALM BEACH FL 33401 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and site of applicable. (NOTE Registered Agent in printed required when refertation) FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE Details NAME DO NOT WRITE IN THIS SPACE City & Status Desired , Sep-75 Additional Fee Required As FEI Number 65-0789319 Applied For INAI Applied For IN	Principal Place	ce of Business	Mailing Address	-							
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Zip Country Zip Country 5. Certificate of Status Desired , S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRKIN, MARK H ESQ. C/O MIRKIN & WOOLF, P.A. 1700 PALM BEACH LAKES BLVD. #580 WEST PALM BEACH FL 33401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. TITLE D D Delete TITLE NAME SASLOW, STEVEN R	City & State	re	City & State			4. F	El Number 65-0789319		———]
6: Name and Address of Current Registered Agent Name MIRKIN, MARK H ESQ. C/O MIRKIN & WOOLF, P.A. 1700 PALM BEACH LAKES BLVD. #580 WEST PALM BEACH FL 33401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees MAME Addition OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE D Change Addition	Zip	Country	Zip	Cour	ntry	5. C	ertificate of Status Desired		.75 Addition		1
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	13. I hereby control indicated of the corp changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, y	this filing does not qualify for true and accurate and that r world to execute this report th all other like empowered.	r the exe ny signat as requi	mption stated in Se ture shall have the s red by Chapter 607	ction 1 same le , Florida	19.07(3)(i), Florida Statutes. I gal effect as if made under or a Statutes; and that my name	further certify that had a appears in Blo	nat the inform n officer or o ock 11 or Blo	mation director ock 12 if	
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