


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000095450  
 1. Entity Name  
 WSS INC.



Principal Place of Business      Mailing Address  
 733 US 1                                      733 US 1  
 NORTH PALM BEACH, FL 33408      NORTH PALM BEACH, FL 33408

**DO NOT WRITE IN THIS SPACE**



02162005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0789319      Not Applicable

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

6. Name and Address of Current Registered Agent

LICHTBLAU & GOLDENBERG  
 631 US 1  
 STE 306  
 NORTH PALM BEACH, FL 33408

**DO NOT WRITE IN THIS SPACE**

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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SASLOW, STEVEN R
STREET ADDRESS	733 US HIGHWAY ONE
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	SCHNEIDER, ANDREW I
STREET ADDRESS	733 US HIGHWAY ONE
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	WEINER, RICHARD L
STREET ADDRESS	733 US HIGHWAY ONE
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	ARLOSOROFF, CHAIM
STREET ADDRESS	733 US HIGHWAY ONE
CITY - ST - ZIP	N PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_