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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000019994**1. Corporation Name

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90066 017 ***163.75

BOSS S	ERVICES, INC.				
Principal Plac	e of Business	Mailing Address			
7706 SOUTHWEST 99TH STREET 7706 SOUTHWEST 99TH STREET MIAMI FL 33156 MIAMI FL 33156				DO NOT WRITE IN TH	HIS SPACE
	V	•		3. Date Incorporated or Qualifed 03/03/1998	
2. Principal Race of Business 21 7706 S.W 99 ST. 26 7706 S.W 9			99/57.	4. FEI Númber 65-08/7338	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ne e	City & State	Fl.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 331	S6 Sountry	Zip 33156 30	Country	This corporation owes the current year Personal Property Tax.	X Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
Abar	TOU AVIVED		81 Name	•	
AMERILAWYER 343 ALMERIA AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
COF	RAL GABLES FL 33134		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose	of changing its registered
i office or r	registered agent, or both, in the State o im familiar with, and accept the obligati	t Florida. Such change was autr	ionzed by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					-
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature require		AND BUREATORS IN 10
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PSTD	☐ DELETE	1.1 TITLE		□ Otteride ☐ Vocation
NAME	BOSSEY, MICHAEL L		1.2 NAME		
STREET ADDRESS	7706 SOUTHWEST 99TH STREE	:1	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ DEFE1E	2.1 TITLE		Cloude Dyongon
NAME			2.2 NAME	man han ann ann an ann an ann an ann an ann an a	• -
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE					
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- \$T-ZIP 4.1 TITLE		Change Addition
			4. 2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS					•
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	,	☐ Change ☐ Addition
i			5.2 NAME	•	_ , _
NAME STREET ADDRESS			5.3 STREET ADDRESS		
			54 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	C. CALLETT C.	☐ Change ☐ Addition
			6.2 NAME		
NAME	I				
STREET ADDRESS			6.3 STREET ADDRESS		Ì

64 CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR

1.4-99

305-274-6586