

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90290 006 \*\*\*150.00

DOCUMENT # P98000076283

1. Corporation Name

SOUTH SHORE FINANCIAL SERVICES, INC.



Principal Place of Business

8233 SUNSET ST., STE. 254  
SUNRISE FL 33322

Mailing Address

8233 SUNSET ST., STE. 254  
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1998

4. FEI Number

65-0862420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6299 W Sunrise Blvd

2a. Mailing Address

26 6299 W Sunrise Blvd

Suite, Apt. #, etc.

22 201

Suite, Apt. #, etc.

27 201

City & State

23 Sunrise FL

City & State

28 Sunrise FL

Zip

24 33313 25 USA

Zip

29 33313 30 USA

9. Name and Address of Current Registered Agent

BREVITT-SCHOOP, C. MARIE  
8233 SUNSET ST., STE. 254  
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name

C. Marie Brevitt-Schoop

82 Street Address (P.O. Box Number is Not Acceptable)

20401 NW 2nd Ave

83 Suite 224

84 City Miami

FL

85 Zip Code

33169

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DINHAM, VILMA  
CITY-STATE-ZIP 5711 N.W. 11TH ST.  
LAUDERHILL FL 33313

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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: Vilma Dinham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

954-581-4452

Daytime Phone #

CR2E034 (11/98)