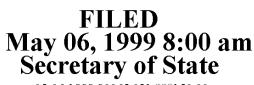
PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris



05-06-1999 90065 021 ***150.00

1999 DIVISION OF CORPORATIONS											
DOCU 1. Corporation	MENT # P98000	0084815									
	SS-ONE SERVICES, INC.										
000112-	DO OHE VEHICLE, INC.						L E rr orde, d a folc i vold dank et	III at iki an i	DE ROURU ELECTO ROURE	ULER BUR RETU	
Principal Plac	e of Business	Mailing Address					i ibifilität iin ibiet ietti natri an	1)r emik mes	11 EBIN 91991 +0193	11861 Atts 1981	
8001 N. DALE MABRY 8001 N. DALE MABRY											
SUITE 401-C SUITE 401-C SUITE 401-C TAMPA FL 33614 TAMPA FL 33614							DO NOT WRITE IN THIS SPACE				
IAMPA FL 336	14	HAMPA PL 33014					3. Date Incorporated or Qualifed				1
							10/02/1998				
Principal Place of Business 2a. Mailing Address							4. FEI Number		<u> </u>	died For]
1 26							57-3/3/93	رح		Applicable	4
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.75 A		ĺ
2		27 City & State					A Stable Organiza Figureian				-
-City & Stat		——————————————————————————————————————	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Country				This corporation owes the current year Intangible				
4	25	29	30				Personal Property Tax.			□No	_
	9. Name and Address of Curre						10. Name and Address of New F	legistere	d Agent		1
200	AT LOT CLEM			81	Name						ĺ
	ve, joe ellen 1 n. dale mabry			82	Street	Addres	ss (P.O. Box Number is Not Accepta	ible)			1
	TE 401-C			83							┨
	PA FL 33614			83							} ,
,,,		•		84	City			F	85 Zip C	ode	1
44 -		700 1 CO7 4508 Florido Fren	dae the e	bout			ation submits this statement for the	Distriction of	of changing its	registered	┪
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig							DATE			
12,	Signature, typed or printed name of registered ag	pent and tide if applicable. (NOT AND DIRECTORS	TE: Registered	Agent :	tignature r	equired y	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12	CR2E034 (11/98)
me	D/President	DELETE	1.1 17	TLE		ad	e " PRESIdenT .		Change	☐ Addition	1 E
NAME	ROWE, JOE ELLEN		1.2 N	AME							18
STREET ADDRESS	ANALANDAMAN MONTE DA		1.3 5	TREETA	DORESS						6
CITY-ST-ZIP	TAMPA FL 33015		1.4 C	1.4 City-St-ZIP							1 弦
TITLE	Vice President DELETE		211	21 IIILE					Change	Addition	١٦
NAME	ROWE, MARY EL	LEN ROWE	22 N			16 7	(add				J
STREET ADDRESS	3802 Landings	s way or ""	235		DORESS	('	>	•			1
CITY-ST-ZIP	TAMPA, FL 336	24 DELETE	3.11	77Y-81-	ZP				Change	Addition	1
TITLE NAME		- Detter	3.2 N							_	1
STREET ADDRESS		•	1		DDRESS :						1
CITY-ST-ZIP				TY-ST-		l					_
TILE		☐ DELETE	4.1 TI	_		_			Change	Addition	1
NAME			4, 2 N	AME							1
STREET ADDRESS			4.3 5	REET A	DORESS						1
CITY-ST-ZIP			4.4 C	4.4 CITY-ST-							4
TITLE		☐ DELETE		5.1 TITLE					Change	Addition	İ
NAME			5.2 N								1
STREET ADDRESS	}		- 6		DORESS						1
					DIP				Charge	☐ Addition	┥
		C) DELETE	J 042212						Cumile.		1
					ODRESS						}
14 I becelve	pertify that the information supplied a	with this filling does not qualify f	or the exe	mntin	n stated	in Se	ction 119.07(3)(i), Florida Statutes.	further or	ertify that the in	formation	
indicated officer or	certify that the information Supplied v on this annual report or supplement director of the corporation or the rec or Block 13 if changed or on an atta	al annual report is true and acc eiver or trustee empowe <u>red</u> to	6.1 Ti 6.2 Ni 6.3 Si 6.4 Co or the execute the execute the	TREET A TY-ST-: mplical that r nis rep	DDRESS ZIP n stated ny sign	ature s require					

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR