

DOCUMENT # P98000087646			
1. Entity Name			
STRUCTURAL SYSTEMS (SOUTH BAY) INC.			
Principal Place of Business		Mailing Address	
911 N.W. 209TH AVENUE #105 PEMBROKE PINES FL 33029		911 N.W. 209TH AVENUE #105 PEMBROKE PINES FL 33029-2112	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 116		Suite, Apt. #, etc. Suite 116	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MOGUL, DAVID 4800 N. FEDERAL HIGHWAY #304B BOCA RATON FL 33431		Name	
		Street Address (Include Apt. #, etc.) 185 NW 5	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMBROSE, JOHN 911 N.W. 209TH AVENUE #105 116 PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, 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			

**SIGNATURE:** John R. Ambrose John R. AMBROSE 4/27/00 954/447-2662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)