

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S87582** ✓  
Corporation Name  
**SSA OF ENGLEWOOD, INC.**

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90002 013 \*\*\*550.00



Principal Place of Business  
**2A PAUL MORRIS DR**  
**ENGLEWOOD FL 34223-0906**  
**9307 San Bernardino Av.**  
**Englewood, Fl. 34224**

Mailing Address  
**542A PAUL MORRIS DR**  
**ENGLEWOOD FL 34223-0906**

**SAME**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**26**

Suite, Apt. #, etc.  
**27**

City & State  
**28**

Zip  
**25**

Country  
**29**

3. Date Incorporated or Qualified  
**10/14/1991**

4. FEI Number  
**65-0290906**

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FISCHER, C. MICHAEL**  
**2800 PLACIDA RD**  
**SUITE 112**  
**ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

E **P** ☐ DELETE  
E **COLE, LEON W**  
E **9307 SAN BERNARDINO AVE**  
E **ENGLEWOOD FL**  
E **ST** ☐ DELETE  
E **COLE, MADELYN W.**  
E **9307 SAN BERNARDINO AVE**  
E **ENGLEWOOD FL**  
E **VPO** ☐ DELETE  
E **WALLACE, DENNIS**  
E **13100 MC CALL RD UNIT 125**  
E **PT. CHARLOTTE FL**  
E ☐ DELETE  
E ☐ DELETE  
E ☐ DELETE  
E ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: **Madeilyn W. Cole**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/6/99** **941-475-6847**

CR2E034 (5/99)