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Apr 08, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V05039

1. Corporation Name  
SSR INTERNATIONAL, INC.

Principal Place of Business  
1233 NE 16TH AVE  
FT LAUDERDALE FL 33304

Mailing Address  
1919 GLYNN AVE  
~~BLDG 46~~  
BRUNSWICK GA 31520  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1992

4. FEI Number  
65-0312370

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, O'BRYAN & FLEMING, P.A.  
500 E BROWARD BLVD  
BROWARD FINANCIAL CTR, STE 1700  
FT LAUDERDALE FL 33394-3071

SAME AGENT  
NEW FIRM

81 Name

Willard D. Dover, Esq.

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

c/o NILES, DOBBINS & MEEKS 400 suite

83

2601 East Oakland Park Blvd.

84 City

Ft. Lauderdale

85 Zip Code  
FL 33306

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PACKO, JOSEPH J.  
STREET ADDRESS 1233 NE 16TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33304

1.1 TITLE VP & T  
1.2 NAME Bette T. Packo  
1.3 STREET ADDRESS 33304  
1.4 CITY-ST-ZIP 1233 NE 16th Ave, Ft. Laud., FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VP & S  
2.2 NAME Mark T. Packo  
2.3 STREET ADDRESS 1235 NE 16th Ave.  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE VP  
3.2 NAME Jo Anne Packo  
3.3 STREET ADDRESS 119 Colonial Dr.  
3.4 CITY-ST-ZIP St. Simons Isl, GA 31522

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

Date

Daytime Phone #

CR2E034 (11/98)