

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V34435** (0)
1. Corporation Name

STRUCTURAL SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
1301 S.W. 63 AVENUE PLANTATION FL 33317

3. Date Incorporated or Qualified: **05/05/1992**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **65-0477103**
5. Certificate of Status Desired: Applied For Not Applicable
6. Election Campaign Financing Trust Fund Contribution: **\$8.75** Additional Fee Required
7. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: Yes No
8. **\$5.00** May Be Added to Fees

2. Principal Place of Business 2a. Mailing Address
21 **3801 S. OCEAN DR.** 26 **3801 S. OCEAN DR.**
22 **12-M** 27 **12-M**
23 **HOLLYWOOD FL.** 28 **HOLLYWOOD FL**
24 **33019** 25 **USA** 29 **33019** 30 **USA**

9. Name and Address of Current Registered Agent
**MOSCOVITCH, LARRY (OWNER)
1301 S.W. 63 AVE.
PLANTATION FL 33317 NEW ADDRESS.**

10. Name and Address of New Registered Agent
81 Name: **LARRY MOSCOVITCH**
82 Street Address (P.O. Box Number is Not Acceptable): **3801 S. OCEAN DR.**
83 **12-M**
84 City: **HOLLYWOOD** FL 85 Zip Code: **33019**

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 _____ DATE _____
(NOTE: Registered Agent signature required when changing office)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSCOVITCH, LARRY	
STREET ADDRESS	1301 S.W. 63 AVE.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3801 S. OCEAN DR. 12-M
14 CITY-ST-ZIP	HOLLYWOOD, FL. 33019.
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **LARRY MOSCOVITCH**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/95. 954-454-1188

CR2E034 (3/96)