

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V34435 (0)
 1. Corporation Name
STRUCTURAL SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business 3801 S. OCEAN DRIVE 124M HOLLYWOOD FL 33019 US	Mailing Address 3801 S. OCEAN DRIVE 124M HOLLYWOOD FL 33019 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Blvd 21 1250 E. Hallandale Bch	2a. Mailing Address Blvd. 26 1250 E. Hallandale Bch.	3. Date Incorporated or Qualified 05/05/1992	4. FEI Number 65-0477103	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 Suite #508	Suite, Apt. #, etc. 27 Suite #508	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City & State 23 Hallandale, Florida.	City & State 28 Hallandale, Florida.	7. Zip 24 33009	7. Zip 29 33009	7. Country 25 USA
Country 25 USA	Country 30 USA	9. Name and Address of Current Registered Agent		

9. Name and Address of Current Registered Agent MOSCOVITCH, LARRY 3801 S. OCEAN DRIVE 12-M HOLLYWOOD FL 33019		10. Name and Address of New Registered Agent 81 Name Blvd	
1250 E. Hallandale Bch Suite #508 Hallandale, FL. 33009		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

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]* DATE: **3/30/98.**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCOVITCH, LARRY	1.2 NAME	NEW ADDRESS ONLY.
STREET ADDRESS	3801 S. OCEAN DRIVE, 12-M	1.3 STREET ADDRESS	1250 E. Hallandale Bch Blvd #508,
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Hallandale, FL. 33009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/30/98. 954-454-1188.**

CFR2034 (10/97)