

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
--	---	---

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
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/05/1992

2. Principal Place of Business Blvd 21 1250 E. Hallandale Bch Suite, Apt. #, etc. 22 Suite #508 City & State 23 Hallandale, Florida. Zip Country 24 33009 25 USA	2a. Mailing Address Blvd. 26 1250 E. Hallandale Bch. Suite, Apt. #, etc. 27 Suite #508 City & State 28 Hallandale, Florida. Zip Country 29 33009 30 USA
--	---

4. FEI Number 65-0477103	Applied For <input type="checkbox"/> Not Applicable
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	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0507 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSCOVITCH, LARRY	
STREET ADDRESS	3801 S. OCEAN DRIVE, 12-M	
CITY-ST-ZIP	HOLLYWOOD FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEW ADDRESS ONLY.
1.3 STREET ADDRESS	1250 E. Hallandale Bch Blvd #508,
1.4 CITY-ST-ZIP	Hallandale, FL. 33009
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, on an attachment with an address.

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

CFR2034 (10/97)