

SECOND 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).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90029 043 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **V34435**

1. Corporation Name

STRUCTURAL SERVICES OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **50 E HALLANDALE BEACH BLVD SUITE 508 HALLANDALE FL 33009**
 Mailing Address: **250 E HALLANDALE BEACH BLVD SUITE 508 HALLANDALE FL 33009 US**

3. Date Incorporated or Qualified: **05/05/1992**

Principal Place of Business: **305 W. Hallandale Bch Blvd**
 2a. Mailing Address: **305 W. Hallandale Bch Blvd.**
 City & State: **Hallandale, FL**
 Zip: **33009** Country: **USA**

4. FEI Number: **65-0477103**
 Applied For: Not Applicable
 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
MOSCOVITCH, LARRY
1250 E HALLANDALE BEACH BLVD
SUITE 508
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **305 W. Hallandale Bch Blvd.**
 83
 84 City: **Hallandale** FL 85 Zip Code: **33009**

I, 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]* **Larry Moscovitch, President 7/2/99**
 (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS	
LE ME REET ADDRESS Y-ST-ZIP	D <input type="checkbox"/> DELETE MOSCOVITCH, LARRY 1250 E HALLANDALE BEACH BLVD SUITE 508 HALLANDALE FL 33009
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	305 W Hallandale Bch Blvd.
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	

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: *[Signature]* **Larry Moscovitch President 7/2/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)