FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V37803 (6)SPECIAL SERVICES ENTERPRISES, INC. Mailing Address Principal Place of Business 209 SALZEDO ST 1120 ROYAL PALM BEACH BLVD. ROYAL PALM BCH, FL 33411 ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Salzedo Street 207 26 1138 Rowl falm Beach Blud. Suite, Apt. #Hetc. 65-0336175 Not Applicable Suite, Apt. #, etc \$8.75 Additional \Box 5. Certificate of Status Desired # 188 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Ζıp Country Zip This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DYE, PATRICIA MNGR. 207 SALZEDO STREET Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 R4 Palm 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 con, 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 the control of the corporation of the SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change 11TITLE TITLE SCHIAVONE, DONALD NAME 1.2 NAME 13 STREET ADDRESS 1128 Royal Palm Beach Blvd, #188 1128 ROYAL PALM BEACH BLVD STREET ADDRESS **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 trusting empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an atternment of the corporation or the receiver of the corporation or the receiver of the corporation of the corporat

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURES

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

Donald Schlavone 4-6-98

Change

☐ Addition