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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000004718 (3)

1. Corporation Name: S & S UNLIMITED, INC.



Principal Place of Business: 1170 TOP OF THE HILL DRIVE AKRON OH 44333
Mailing Address: 1170 TOP OF THE HILL DRIVE AKRON OH 44333-2290

3. Date Incorporated or Qualified: 10/20/1993
3a. Date of Last Report: 03/05/1996
4. FEI Number: 34-1297743
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
SMITH, MICHAEL K
38 CARDINAL LANE
KEY LARGO FL 33037

10. Name and Address of New Registered Agent
81 Name: Smith, Michael K.
82 Street Address (P.O. Box Number is Not Acceptable): 100 Anchor Dr. #74
83
84 City: Key Largo FL 85 Zip Code: 33037

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 of Registered Agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CPT	<input type="checkbox"/> DELETE	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SMITH, MICHAEL K		1.2 NAME:	
STREET ADDRESS: 38 CARDINAL LANE		1.3 STREET ADDRESS: 100 Anchor Dr.	
CITY-ST-ZIP: KEY LARGO FL 33037		1.4 CITY-ST-ZIP: Key Largo, FL 33037	
TITLE: VS	<input type="checkbox"/> DELETE	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SMITH, MARJORIE K		2.2 NAME:	
STREET ADDRESS: 38 CARDINAL LANE		2.3 STREET ADDRESS: 100 Anchor Dr	
CITY-ST-ZIP: KEY LARGO FL 33037		2.4 CITY-ST-ZIP: Key Largo, FL 33037	
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 do 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael K. Smith 2/0/97
Date: Daytime Phone:

CR2E034 (9/96)