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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G78576

(7)

S & S PROPERTIES, INC.

SIGNATURE:

FILED Apr 21 1997 8:00am Secretary of State



4-16-97 954- 491-1512 Date Dayting F

	of Business	Mailing Address			n stembling dage ander international mater	***************************************	
1915 NE 45 ST	TR CONTRACTOR	1915 NE 45 STR					
STE 207	:	STE 207	M P488				
FT LAUDERDAL US	LE FL 33308	FT LAUDERDALE FL 3330	8-5100		3. Date Incorporated or Qualified	3a. Date of Last	Pannet
บจ		00			01/12/1984	04/08/1990	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<b>├</b> ── <b>├</b>	Applied For
1		26			59-2363390		Not Applicable
Suite, Apt. #, etc.		<del>                                     </del>	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Additional Required
City & State	)	City & State	··· · · · · · · · · · · · · · · · · ·	······································	6. Election Campaign Financing	\$5.0	O May Be
3		28			Trust Fund Contribution		d to Fees
- <i>Z</i> ip - 1	Country	Zip	Country	y	8. This corporation has liability for i		s. 199.032,
4	9. Name and Address of Currer	29 29 Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No	
Dill		it Hohisteron Warit	81	Name	10. Mains and Address of North	giolotta rigott	
BUJALSKI, STANLEY J. 1915 NE 45 STR STE 207			-				
			<u> </u>		iress (P.O. Box Number is Not Acceptab	le)	
FT L	AUDERDALE FL 33308		83				
			84	City		<b>85</b> Zi	p Code
	607.077	20 CO7 1500 Florida Otabu	ing the show		poration submits this statement for the p	FL "	ito se sintaro
office or re	egistered agent, or both, in the State	of Florida Such change was	authorized b	v the corpora	poration submits this statement for the patients board of directors. I hereby accep		
agent. Lar	m familiar with, and accept the oblig	gations of, Section 607.0505, FI	orida Statute	·\$.			
SIGNATURE	Shipping the stype of or punted name of registered ag	ent and title if applicable [NO]	E: Registered Ag	ent signature requ	ulred when reinstating)	DATE	····
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
	DS	DELETE	4 4 7171 5				. 14401
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