PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000058513

SSE AND ASSOCIATES, INC.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90018 030 ***150.00



	e of Business	Mailing Address								
400 CANAL ST.		P.O. BOX 602								
2ND FLOOR		NEW SMYRNA BEACH FL 32170				DO NOT WRITE IN THIS SPACE				
NEW SMYRNA B	BEACH FL 32168	US				DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed				
						08/09/1994				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For					
21		26				59-3265072	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required				
22		27				0. 1. 1. 1. 1. 1. 1. 1. 1				
City & State		City & State				6. Election Campaign Financing			00 мау	
23		28				Trust Fund Contribution		Add	ed to Fe	es
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cur				
24	25	29	30			Personal Property Tax.		Yes	□и	0
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New	Registered A	gent		
			İ	81	Name				_	
SON'	ya s, eggerton	82 Street Ado			Street Addre	dress (P.O. Box Number is Not Acceptable)				
400 (CANAL ST			•	Oli COL / ILIGA					
2ND FLOOR ·				83						
NEW	SMYRNA BEACH FL 32168							last -	Zia Cada	
				84	City		FL	85 2	Zip Code	
44 0	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	s the al	hove.	-named corno	pration submits this statement for the	purpose of o	hanging	its regis	stered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was at	utnonzea	ועסנ	ine corporatio	n's board of directors. I hereby acce	pt the appoin	tment a	s registe	red
SIGNATURE						(box coinstating)	DATE			— 1
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	Agent	signature required	ADDITIONS/CHANGES TO OF		DIREC	CTORS	N 12
12.		DELETE	1.1 Til	ne	- .	ADDITIONS/CITATIOES TO ST	TIOLITOTAL	Char		Addition
TITLE	P COURTON CONVA	C) OCCLIC	1.2 NA						_	
NAME	EGGERTON, SONYA									}
STREET ADDRESS	454 BOUCHELLE ISLAND 101		1.3 ST	IKEE	ADDRESS					
•		_			-ZIP					Addition
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CITY-ST-ZIP	NEW SMYRNA BEACH FL 3216 ST		2.1 TIT 2.2 NA	TLE AME	ADDRESS			☐ Char	nge [
CITY-ST-ZIP TITLE NAME	NEW SMYRNA BEACH FL 3216 ST WARD, TRACIE	☐ DELETE	2.1 TIT 2.2 NA 2.3 ST	TLE AME	ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS	NEW SMYRNA BEACH FL 3216 ST WARD, TRACIE 337 MOHAVE TERR		2.1 TIT 2.2 NA 2.3 ST	TLE AME TREET	ADDRESS			☐ Char		Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW SMYRNA BEACH FL 3216 ST WARD, TRACIE 337 MOHAVE TERR	☐ DELETE	2.1 TIT 2.2 NA 2.3 ST 2.4 CI	TLE AME TREET SITY-SI TLE	ADDRESS					
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE: