

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # S13238 (8)

1. Corporation Name
S & S FINANCIAL, INC.



| | |
|--|--|
| Principal Place of Business 5761 N. ANDREWS WAY FT. LAUDERDALE FL 33309 US | Mailing Address 5761 N. ANDREWS WAY FT. LAUDERDALE FL 33309 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
|---|--|

| | | |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 11/15/1990 | 4. FEI Number 65-0229063 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

**ECKERT, CHARLES S
 5761 N. ANDREWS WAY
 FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name **Eckert Charles**
 82 Street Address (P.O. Box Number is Not Acceptable)
5769 N Andrews Way
 83
 84 City **Ft. Lauderdale** FL 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 *Charles Eckert* DATE **2/24/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | ECKERT, CHARLES S. | |
| STREET ADDRESS | 2155 S. OCEAN BLVD. | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | ECKERT, SCOTT A. | |
| STREET ADDRESS | 765 CAMINO LAKES CIR | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Eckert, Charles | |
| 1.3 STREET ADDRESS | 2800 S OCEAN Blvd | |
| 1.4 CITY-ST-ZIP | BOCA RATON, FL 33432 | |
| 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 | | |

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.

SIGNATURE: *Charles Eckert* DATE **2/24/98**

CR2E034 (10/97)