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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90063 013 ***150.00

 Corporation 	MENT # 499854 SS ENTERPRISES, INC.	•	·				
Principal Place	e of Business	Mailing Address) (40))(3) m/s (5)(6) (6)(6) (6)(6) (6)(7)	#11 019 11 010 11 01	1847 84811 1887	
BISHOPS INN 1410 EEL STREET							
902 PINETREE	DRIVE IUR BEACH FL 32937	MERRITT ISLAND FL 32952		DO NOT WRITE IN THIS	SPACE		
US	On BEAUTIFE SESSI	سينت والمنهاب والداب		3. Date Incorporated or Qualifed		_ =	ļ
				03/25/1976			1
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Apr	lied For	
21		26		59-1661259		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		İ
22		City & State				•	
City & State		<u>├</u> ┓ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to		
23 Zip	Country	Zip Co	untry	This corporation owes the current year Interest.		/	1
24	25	29 30	,	Personal Property Tax.		No	
	9: Name and Address of Currer			10. Name and Address of New Registered	Agent		
	1.		81 Name				
	SART, EUGENE L. JR.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)			i
1410 EEL STREET MERRITT ISLAND FL 32952							1
IVIEN	INITI ISLAND FL 32832		83				
			84 City		85 Zip C	ode	ĺ
				FL	honoina ita i	ragiotarad	ļ
11. Pursuant office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	ations of, Section 607.0505, Florida Sta	ed by the corporation tutes. Agent signature requires	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint when reinstating)	itment as reg	istered	
12.		ND DIRECTORS 13	•	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12]
TITLE	PD	☐ DELETE 1.1	IIILE	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	[]
NAME C .	DESSART, EUGENE L. JR.	1.2	NAME				1
STREET ADDRESS		1.33	STREET ADDRESS				ļ
CITY-ST-ZIP	MERRITT ISLAND FL		CITY-ST-ZIP		Change	☐ Addition	ļ
TITLE	D DOMEST LOVOE A		TITLE		□ ¢nange	☐ Addition	Ι.
NAME	DESSART, JOYCE A.		NAME	-			
STREET ADDRESS	1410 EEL STREET		STREET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL		CITY-ST-ZIP		Change	Addition	
NAME			NAME				
			STREET ADDRESS				İ
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE		Change	☐ Addition	
NAME		4.2	NAME				1=
STREET ADDRESS		4.3	STREET ADDRESS				
CITY-ST-ZIP		4.4	CITY-ST-ZIP				1
TITLE			TITLE		☐ Change	□ Addition	1
NAME			NAME				1
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				{
TITLE	REPORTERS	DELETE 6.1	TITLE		Change	☐ Addition	ĺ
NAME			NAME				Ī
STREET ADDRESS			STREET ADDRESS				1
CITY-ST-ZIP		6.4	CITY-ST-ZIP				J

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 chapted/gr on an attachagent with an address, with all other like empowered.

SIGNATURE:

AND TYPEO OR PRINTED HAVE OF SIGNING OFFICE OF PIRECTOR

4/2/99
Dato

CHO7) 773-074