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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

TED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (0)503039 S&S CONTRACTING, INC. Principal Place of Business Mailing Address 8346D N.W. SOUTH RIVER DR. 8346D N.W. SOUTH RIVER DR. MIAMI FL 33166 MIAMI FL 33166 3a. Date of Last Report 3. Date Incorporated or Qualified 05/12/1976 05/01/1995 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 59-1681757 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangil le tax under s 199.032, Zip Country No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) SMITH, JERRY C. 82 4521 N.W. 12TH CT. LAUDERDALE FL 33313 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE SIGNATURE (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if a, plicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition XI DELETE ☐ Change 1.1100.6 TITLE n 1.2 NAME NAME WILSON, HERBERT A. 8000 SW 149TH AVE #A208 1.3 STHEET ADDRESS STREET ADDRESS 14 CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE VD 2.2 NAME NAME SMITH, ADOLPHUS 2.3 STREET ADDRESS 1724 N.W. 26TH TERRACE STREET ADDRESS 2.4 CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP Change Addition DELETE THILE 3. 1 TITLE PD 3.2 NAME NAME SMITH, JERRY C 3.3. STREET ADDRESS STREET ADDRESS 4521 N.W. 12TH CT. 34 CITY-\$1-7P CITY - ST - ZIP Lauderhill Fl Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME MILLS, ANDREA 4.3 STREET ADDRESS STREET ADDRESS 880 N.W. 69TH ST. #1C 4.4 CITY - \$1 - ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition DELE 1E 5 1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-\$1-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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