CO	PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED Jan 29 1998 8:00am Secretary of State			
S&S C	MENT # 503039 CONTRACTING, INC. The of Business SOUTH RIVER DR.	Mailing Address 8346D N.W. SOI MIAMI FL 33166	UTH RIVER DR.	•		DO NOT WRITE			
2. Principal F 21 Suite, Apt.	Place of Business #, etc.	2a. Mailing Addre 26 Suite, Apt. #,				3. Date Incorporated or Qualified 05/12/1976 4. FEI Number 59-1681757 5. Certificate of Status Desired	Ł	\$8.75	pplied For lot Applicable Additional
City & Stal 23 Zip 24	Country 25 9. Name and Address of Currer	City & State 28 Zip 29 tt Registered Agent	30	untry	,	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has pa Personal Property Tax due June 10. Name and Address of New Re	30.	\$5.00 Added rrent year Ir Yes	May Be to Fees to No
45 LA	MITH, JERRY C. 21 N.W. 12TH CT. UDERDALE FL 33313			81 82 83 84	City	ress (P.O. Box Number is Not Acceptat	FL	_ `	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607,050 egistered agent, or both, in the State im familiar with, and accept the obligations Signature, typed or proted name of registered age					poration submits this statement for the p tion's board of directors. I hereby acces		f changing i pointment as	ts registered registered
12.	OFFICERS AND		(NOTE: Registers	ed Age	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	25 IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, ADOLPHUS 1724 N.W. 26TH TERRACE FT LAUDERDALE, FL 00000	□ DEL	ETE 1.1 T 1.2 M 1.3 S	AME	ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JERRY C 4521 N.W. 12TH CT. LAUDERHILL FL	[] DEL	.ETE 2.1 T 2.2 N 2.3 S	ITLE AME	ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ST MILLS, ANDREA 17890 W DIXIE HWY, 703 N MIAMI BEACH FL	☐ DEL	3.2 N 3.3 S	AME	ADDRESS T-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		∐ DEL	ETE 4.1 TI 4. 2 M 4.3 S	TLE IAME	ADDRESS		,	Change	Addition
TITLE NAME STREET ADDRESS		DEL	ETE 5.1 Ti 5.2 N	TLE AME	ADDRESS			☐ Change	Addition

14. I hereby certify that the Information supplied with this filling 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:

SIGNATU

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

___ Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS