AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

199.

PROFIT		**FLORIDA DEPARTMENT OF STATE**
CORPORATION		**Katherine Harris**
ANNUAL REPORT		Secretary of State
1999		DIVISION OF CORPORATIONS

DOCUMENT # 508522
1. Corporation Name

SOUTHERN SYNTHETICS, INC.

Principal Place of Business	Mailing Address
215 N.E. 59TH ST.	215 N.E. 59TH ST.
MIAMI FL 33137	MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/1976

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
21		26		59-1405606		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		$8.75 Additional Fee Required
22		27				
City & State		City & State		6. Election Campaign Financing		$5.00 May Be
23		28		Trust Fund Contribution ☐		Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29	30	Intangible Personal Property. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
	81	Name	
SCHICKMAN, S OSHER	82	Street Address (P.O. Box Number is Not Acceptable)	
215 NE 59ST	83		
MIAMI FL 33137	84	City	FL	85	Zip Code

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. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHICKMAN, EDITH		1.2 NAME		
STREET ADDRESS	2822 PINETREE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STOCK, SELMA (SCHICKM		2.2 NAME		
STREET ADDRESS	2822 PINE TREET DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	Pref, /See,	☐ Change ☐ Addition
NAME	SCHICKMAN, SIGMUND O.		3.2 NAME		
STREET ADDRESS	2822 PINETREE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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: _____ REQUIRED   6/30/99   (305) 757-7470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #