

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F86897 (8)
 1. Corporation Name
SSB MANAGEMENT CORPORATION

Principal Place of Business % MOHAMMED HAMFF BUTT 1199 STATE RD. 84 FT. LAUDERDALE FL 33315	Mailing Address % MOHAMMED HAMFF BUTT 1199 STATE RD. 84 FT. LAUDERDALE FL 33315-2435
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/24/1982	3a. Date of Last Report 01/24/1996
4. FEI Number 59-2217268		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BUTT, MOHAMMAD MANIF 1199 ST RD 84 FT LAUDERDALE FL 33315				10. Name and Address of New Registered Agent 81 Name SYED T. SHAH 82 Street Address (P.O. Box Number is Not Acceptable) 455 S. Pine Island Rd #305 83 Plantation FL 84 City Plantation FL 85 Zip Code 33324			
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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  **SYED T. SHAH** **President/Secretary** **4-14-97**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTT, MOHAMMAD MANIF		1.2 NAME	SYED T. SHAH			
STREET ADDRESS	1445 SW 33 ST		1.3 STREET ADDRESS	455 S. Pine Island Road #305			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Plantation Florida 33324			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAD, ABDUL WAHAB		2.2 NAME				
STREET ADDRESS	1439 SW 33 ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAH, SYAD A.		3.2 NAME				
STREET ADDRESS	1439 SW 33 ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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:  **SYED T. SHAH** **4-14-97** **954-523-4852**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)