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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F92000000419 (3)

S & S INDUSTRIAL MACHINE SALES, INC.

FILED Feb 16 1998 8:00am Secretary of State



Principal Plac	e or business	Mailin	Mailing Address				
1501 EL DORADO PARKWAY WEST			1501 EL DORADO PARKWAY WEST				
CAPE CORAL FL 33914		CAPE CORAL FL 33914					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							11/24/1992
2. Principal Place of Business 2a. Mailing Address							4. FEI Number 34 Applied For
21		26					75-1798364 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				SQ 75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Countr				8. This corporation owes or has paid the current year Intangible
24	25]	29		30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registere	d Agent				10. Name and Address of New Registered Agent
SPI	ratt, steve				81	Name	
150	1 EL DORADO PARKWAY WES	T				Street A	Address (P.O. Box Number is Not Acceptable)
CAI	PE CORAL FL 33914						
				į	83		
	•			}	84	City	85 Zip Code
					1	•	
11. Pursuant	to the provisions of Sections 607.050	22 and 607.1	508, Florida Statu	ites, the ab	ove	-named c	corporation submits this statement for the purpose of changing its registered
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 fabiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE CANALA STRAITS							
Sign liure, typed or printed name of // gislered agent and little if applicable (NOTE: Registered /					Agor	nt signature re	required when reinstating) DATE
12.	OFFICERS AN	D DIRECTO		13.		r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TALE	DPT		☐ DELET e	5.1 Tiff			☐ Change ☐ Addition]
NAME	SPRATT, STEVE			1.2 NAI			
STREET ADDRESS	1501 EL DORADO PARKWAY	WEST		1.3 STF	REETA	ADDRESS	ا
CITY-ST-ZIP	CAPE CORAL FL 33914			1.4 CIT		I-ZIP	
TITLE	DVPS		☐ DELĒTE	2.1 TITI			L.] Change ☐ Addition ☐
NAME	SPRATT, CAROLA			22 NAI	ME	ì	
STREET ADDRESS	1001 000 0010 0010 11111111111111111111				HEET A	ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914		T or eve	2. 4 CIT		T-ZIP	
TITLE			☐ DELETE	3.1 TITU			Change Addition
NAME				3.2 NAM		- 1	
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP			D DELETE	3 4. CIT		T - ZIP	
TITLE			☐ DELETE	4.1 TO C			☐ Change ☐ Addition
NAME				4. 2 NA			
STREET ADDRESS				4.3 STR	EET A	ADDRESS	
CITY-ST-ZIP			The section	4.4 CIT		-ZIP	
TITLE			☐ DELETE	5.1 TITL	_		☐ Change ☐ Addition
NAME				5.2 NAM	ΜE	- 1	
STREET ADDRESS				5.3 STR	EET A	ADDRESS	
CITY-ST-2IP				5.4 City	Y - ST	- Z (P	
TITLE			DELETE	6.1 TiTL	.E		Change Addition
NAME				6.2 NAN	ΛE		ŧ
STREET ADDRESS				6.3 STR	EE1 #	ADDRESS	
CITY-ST-ZIP				6.4 CIT	y-ST	- ZIP	

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.

1/06/00