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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State. • • • DIVISION OF CORPORATIONS

1996

F95000002928 (8)

DOCUMENT # F9
1. Corporation Name

SUSSUMA ENTERPRISES, INC.



rincipal Place of	Business	Mailing Addr							
330 S. PINEAPPLE AVE #111 330 S. PINEAPPLE AV				#111					
SARASOTA FL 34236		SARASOTA FL 34236			Date Incorporated or Qualified				
						06/16/1995			
	.(1)	2a. Maling A	Address			4, FEI Number		Ar	pplied For
Principal Place of Business		h-1	26						ot Applicable
Suite, Apt #.	elc.		pt. #, etc.			5. Certificate of Status Desired			Additional equired
		27				Constant Employee			May Be
City & State		City & S	tale			Election Campaign Financing Trust Fund Contribution			to Fees
	0	28 Zip		Country		8. This corporation has liability for	intang ble tax u	ınders 1	199.032.
Zip	Country	29		30		Fiorida Statutes Yes	; ∏N⊃		
	g. Name and Address of Curr		jent	<u> </u>		10. Name and Address of New I	Registered Ag	ent	
	3			81	Name				
HANKIN.	LAWRENCE M ESQ			82	Street Add	ress (P.O. Box Number is Not Acceptat	ble)		
	IN ST., #400				<u> </u>				
	TA FL 34237				3				
				84	City		FL	85 Zip	Code
* 1						oration submits this statement for the purify of directors. I hereby accept the app		nino ito re	acietorod of
IGNATURE	ligitative, typed or profest native of registered a	e de la compansión de l	10.50	D. Econologica A.	Colt 5. Iocif 205 1866.5	es when constains)	LATE		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and cross 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 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 certify 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 extractment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.4.86

SG-1-96