Mailing Address

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G78576

1. Corporation Name

Principal Place of Business

S & S PROPERTIES, INC.

FILED						
Api	r 08.	1999	8:00	am		
			f State			
		v	1 ***150 00			



1 macipai i iacc	O Dubinoso							
1915 NE 45 STR		1915 NE 45 STR						
STE 207		STE 207			, DO NOT WRITE IN THIS SPACE			
FT LAUDERDALE FL 33308		FT LAUDERDALE FL 33308 US						
US		03			3. Date Incorporated or Qualifed 01/12/1984	- }		
6 D 1 1 1 1 D	- A Duning	2a Mailine Addeson			4. FEI Number Applied F			
2. Principal Place of Business		⊢	2a. Mailing Address					
21		26			00 20000			
Suite, Apt. #, etc.		⊢	Suite, Apt. #, etc.		5. Certificate of Status Desired			
22		<u> </u>	City & Court					
City & State		⊢ '	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23		28 7in	Zip Country					
` Zip Country			, '		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24 25					10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent	8	1 Name		\dashv		
. RU.1/	ALSKI, STANLEY J.		or Haine					
1915 NE 45 STR		1	82 Stre		t Address (P.O. Box Number is Not Acceptable)	Ì		
STE 207			-		A CONTRACTOR OF THE CONTRACTOR			
	AUDERDALE FL 33308		8	3				
	AUDENDALE I E 33300		8	4 City	85 Zip Code			
	·				FL			
11. Pursuant i office or re agent. I ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	s, the abo horized b da Statute	ve-named y the corp s.	d corporation submits this statement for the purpose of changing its regist poration's board of directors. I hereby accept the appointment as registered	ed		
SIGNATURE						_		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			-	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112		
12.	OFFICERS AND	DELETE	13.			Addition		
TITLE	BUJALSKI, STANLEY J.				- Strange			
NAME	1915 NE 45 STR STE 207		1.2 NAME		,			
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	☐ DELETE	1.4 CITY-		☐ Change ☐	Addition		
TITLE	D DILLIAN ON AN IOS M	☐ Derete	2.1 TITLE			, wante		
NAMÉ	BUJALSKI, ALICE M.		2.2 NAME			ĺ		
STREET ADDRESS	1915 NE 45 STR STE 207		1	ET ADDRESS	S			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY			Addition		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐	Addition		
NAME	BUJALSKI, STANLEY B.		3.2 NAME					
STREET ADORESS	1915 NE 45 STR STE 207		3.3 STRE	ET ADORESS	5			
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY			A a apr		
TITLE		☐ DELETE	4.1 TITLE		Change	Addition		
NAME			4. 2 NAM	E		ļ		
STREET ADDRESS			4.3 STRE	ET ADDRESS	S			
CfTY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE .		☐ DELETE	5.1 TTTLE		☐ Change	Addition		
NAME			5.2 NAME	:		1		
STREET ADDRESS			5.3 STRE	ET ADDRESS	6			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐	Addition		
NAME			6.2 NAME	i		{		
STREET ADDRESS			6.3 STRE	ET ADDRESS	S			

14. Thereby 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 of an attachment with an address, with all other like empowered. (954)

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Stanley J Bujalski -4-6-99 -491-1512