CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 27 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H03934 (7)

1. Corporation Name
S.S.B. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3900 CLARK RD PO BOX 20702 SARASOTA FL 34233-2368	3900 CLARK RD. PO BOX 20702 SARASOTA FL 34233-2368

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1984
3a. Date of Last Report: 07/08/1994

2. Principal Place of Business
21: 3900 CLARK ROAD
Suite, Apt. #, etc.
22: BLDG J-3
City & State
23: SARASOTA FL 341
Zip
24: 34233
Country
25: SARASOTA

2a. Mailing Address
26: P O BOX 20702
Suite, Apt. #, etc.
27:
City & State
28: SARASOTA FL
Zip
29: 34276
Country
30: SARASOTA

4. FEI Number: 59-2400743
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLMAN, ROBERT G.
918 FIRST FLA. BANK PLAZA
1800 SECOND STREET
SARASOTA FL 33577

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
(Typed or printed name of registered agent and the if applicable) (If New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	VALEK, EDWARD J.	12 NAME	
STREET ADDRESS	3900 CLARK ROAD	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	VALEK, M. EILEEN	22 NAME	
STREET ADDRESS	3900 CLARK ROAD	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE		31 TITLE	V ☐ Change ☒ Addition
NAME		32 NAME	EDWARD J. VALEK II
STREET ADDRESS		33 STREET ADDRESS	3900 CLARK ROAD
CITY ST ZIP		34 CITY ST ZIP	SARASOTA FL 34233
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Edward J. Valek Edward J. Valek 1/24/95 813-923-1218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140140 CP