

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90009 023 ***150.00

DOCUMENT # H03934

1. Corporation Name

S.S.B. ENTERPRISES, INC.

Principal Place of Business

2079 CONSTITUTION BLVD
SARASOTA FL 34231
US

Mailing Address

P.O. BOX 20709
SARASOTA FL 34276



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1984

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME VALEK, EDWARD J.
STREET ADDRESS 3900 CLARK ROAD
CITY-ST-ZIP SARASOTA FL

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME EDWARD J. VALEK
1.3 STREET ADDRESS 2079 CONSTITUTION BLVD
1.4 CITY-ST-ZIP SARASOTA FL 34231

TITLE SD ☐ DELETE

NAME VALEK, M. EILEEN
STREET ADDRESS 3900 CLARK ROAD
CITY-ST-ZIP SARASOTA FL

2.1 TITLE SECRETARY ☒ Change ☐ Addition

2.2 NAME M. EILEEN VALEK
2.3 STREET ADDRESS 2079 CONSTITUTION BLVD
2.4 CITY-ST-ZIP SARASOTA FL 34231

TITLE V ☐ DELETE

NAME VALEK, EDWARD J II
STREET ADDRESS 3900 CLARK ROAD
CITY-ST-ZIP SARASOTA FL 34233

3.1 TITLE V.P. ☒ Change ☐ Addition

3.2 NAME EDWARD J. VALEK II
3.3 STREET ADDRESS 2079 CONSTITUTION BLVD
3.4 CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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, with all other like empowered.

SIGNATURE:

M. Eileen Valek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

941 923-1218

Daytime Phone #

CR2E034 (11/98)

0484506